EXHIBIT "D"

DEPOSITION EXCERPTS

OF

DAVID BAZEMORE

- Po	stion of David Bazemore		May 15, 20
	Page 57		Page :
1	of eye diseases or blindness in the	1	Q. Do you subscribe to any publications that
2	family. They're asked if they have any	2	keep you apprised of new developments in
3	general health problems, and if so, who's	3	the optometric field?
4	their medical doctor that treats those and	4	A. Yes.
5	what medications they're on and if they're	5	Q. What publications do you subscribe to?
6	allergic to any medicine.	6	A. Review of Optometry. American Optometric
7	Let's see. I'm trying to go down the	7	Association has a thing they put out
8	list. I think that's about it.	8	monthly, a journal. Optometric
9	Q. What about with an existing patient? What	9	Management. Vision Monday is another.
10	kind of case history?	10	Oh, goodness. Let's see. Which ones
11	A. My part of asking them questions would be	11	have I said so far?
12	the same.	12	Q. Review of Optometry, American Optometric
13	Q. What about the forms for an existing	13	Association publication, Optometric
14	patient?	14	Management, and Vision Monday.
15	A. The medical record part with the exam	15	A. Okay. There's another one called 20/20.
16	results looks the same either way. They're	16	Q. Okay. Anything else that you take?
17	just asked to fill out additional sheets	17	A. If so, I can't remember it right this
18	for their first visit.	18	minute.
19	Q. Okay. What is the purpose of a case	19	
20	history?	20	Q. So of these five publications you listed,
21			do you subscribe to all of them? A. Yes.
22	A. To identify the problems and needs of the	21	
23	patient and to try to remedy those. Q. All right. And what kind of problems and	23	Q. And is Review of Optometry how often does that come out?
	Q. 7 m right. 7 ma what kind of problems and	23	does that come out:
	Page 58		Page 6
1	needs are you looking for?	1	A. Monthly.
2	 Any kind they might have. 	2	Q. And you said American Optometric
3	 Q. Okay. Let me just kind of back up a 	3	Association is monthly?
4	minute. Do you know what the leading	4	A. Monthly.
5	causes of blindness are, say, in this	5	Q. Optometric Management. How often?
6	country?	6	A. Monthly.
7	A. In this country?	7	Q. All right. And Vision Monday?
8	Q. Yes, sir.	8	A. Monthly.
9	 It varies from region to region, depending 	9	Q. And 20/20?
0	on the demographics of the different	10	A. Same, monthly.
1	areas. Okay? Right now, probably the	11	Q. All right.
2	leading cause in the country as a whole is	12	A. The Alabama Optometric Association also
3	macular degeneration.	13	puts out a newsletter that's monthly.
4	Q. Okay. What else?	14	Q. Now, how often do you read these
5	 Well, that would be the leading one. 	15	publications? I mean, do you read it cover
6	Q. All right. Well, causes, I guess, is what	16	to cover every month?
7	I intended to ask. I may not have but	17	A. Probably most of the time.
8	what else is a leading cause of blindness?	18	Q. Okay. And that would go for all of them,
9	A. Glaucoma would be one of the leaders and	19	all six of them?
.0	probably I don't know. Past there, I	20	A. (Witness nods head up and down.)
1	would be hesitant to say because they're	21	Q. Is that a yes?
2	all the time updating that every six months	22	A. Yes.
3	to a year.	23	Q. All right. So based on what you were

	Page 53		Page 55
1	optometric visit. Is that a fair	1	case history?
2	definition?	2	A. Yes.
3	A. There is no minimum things that should be	3	Q. Okay. And it must include a determination
4	done at every office visit that comes in.	4	of refractive error?
5	It would vary depending upon the patient's	5	A. Yes.
6	needs.	6	Q. All right. Let's back up. How do you go
7	Q. Well, I'll tell you what. I don't know	7	about getting a case history?
8	why, but it seems like we're having trouble	8	A. It depends on whether it's a new patient or
9	with this, so let me just I'm going to	9	a former patient. New patients are asked
10	read this into the record, and you tell me	10	to fill out some questions, answer some
11	if I read anything wrong. Okay?	11	questions that are on the registration
12	630-X-1206, failure to meet standard	12	form, and all of the patients, whether
13	of care. The board shall consider it	13	they're old or new patients, are given an
14	unprofessional conduct for a licensee to	14	oral case history.
15	provide for a patient care that is less	15	Q. Okay. And do you ask questions of the
16	than the generally accepted standard of	16	patients?
17	care. This standard of care shall include	17	A. Yes, I do.
18	but not be limited to providing certain	18	Q. Okay. What questions do you ask?
19	minimum testing for the patient when	19	A. Is this a new patient or an old patient?
20	performing a comprehensive eye exam. A	20	
21			Q. Well, let's take a new patient first.
1032200	comprehensive eye exam shall include any	21	A. Okay. The questions that they're asked to
22	examination wherein a prescription for	22	fill in on the sheet are whether well,
23	glasses or contact lenses or necessity	23	there's several questions on there. I
	Page 54		Page 56
1	thereof is determined. Minimum testing for	1	don't have one in front of me. But
2	a comprehensive eye exam shall include a	2	basically, I'm going to go back through
3	case history, determination of refractive	3	those questions and ask them if there was
4	error, binocular vision evaluation,	4	any if there were yeses and nos on that,
5	ophthalmoscopy, evaluation of health of	5	then I'm going to explore the yeses and see
6	external eye and adjacent structures,	6	what's going on there. Then I will also
7	tonometry or other appropriate glaucoma	7	ask them some other questions under an oral
8	testing, and such other tests as are	8	history and write them down on the actual
9	necessary under the circumstances. Failure	9	front exam area of the medical record.
10	to perform said minimum testing duing a	10	Q. All right. And what questions do you ask
11	comprehensive eye exam shall constitute	11	them on the oral history?
12	failure to meet the standard of care.	12	
13	Did I read this paragraph correctly?	10.500	A. They're asked if they have been in before,
14		13	and if so, how long it has been. They are
	A. I thought so, yes.	14	asked why they're there today. Was it time
15	Q. Okay. I didn't misstate anything?	15	for a routine exam, or are they having
16	A. No.	16	problems? If so, what kind of problem are
17	Q. All right. And do you agree that this is	17	they having? They're asked if they're on
18	the minimum that an optometrist should do?	18	any medicine for anything or have any
19	A. For a comprehensive eye exam?	19	general health problems or if they're
20	Q. Yes	20	allergic to any medicine. They're asked if
21	A. I would agree with that.	21	they've ever had any operations or injuries
22	Q. Okay. So you agree that minimum testing	22	or infections or surgery on their eyes.
23	for a comprehensive eye exam must include a	23	They're asked if there's any family history

	Page 209		Page 211
1	Q. Or the origin of the symptoms, correct?	1	it?
2	A. The origin of the symptoms, I'm not sure	2	MR. ADAMS: I'm just going to ask
3	you would have to be more specific than	3	him about it.
4	that.	4	MR. WHITE: He needs to read it
5	Q. Yeah, you're right. That's not a real good	5	first.
6	question.	6	Q. Well, you can read it. Sure. No problem.
7	It doesn't matter your duty doesn't	7	MR. WHITE: Well, and we're not
8	change if somebody comes in with glaucoma	8	going to answer questions
9	pursuant to an injury or glaucoma pursuant	9	about it unless you're going
10	to some other cause, does it? Your duty to	10	to make it an exhibit to the
11	provide good care is the same, correct?	11	deposition.
12	A. My duty is to try to figure out if they do	12	MR. ADAMS: That's fine. I'll
13	have glaucoma, and if they do, then to try	13	make it an exhibit. That's
14	to get something done about it.	14	fine.
15	Q. Whether or not that glaucoma originates	15	(Plaintiff's Exhibit 6 was marked
16	from an injury or some other cause, right?	16	for identification.)
17	A. That's true.	17	Q. I'm just going to ask you about the middle
18	Q. Okay. How could the gonioscopy have aided	18	paragraph there on the symptoms.
19	in the diagnosis of narrow angle glaucoma	19	MR. WHITE: I don't think he's
20 '	in Kyle Bengtson?	20	finished reading it. I know
21	MR. WHITE: Object to the form.	21	I'm not. We just finished the
22	A. Somebody who actually saw him when he had	22	first paragraph.
23	angle closure glaucoma would be better able	23	MR. ADAMS: All right.
	Page 210		Page 212
1	to answer that question. I don't know	1	Q. Okay. If you don't mind, just put this
2	exactly what was going on with him at that	2	down on the table where we can both look at
3	time. It wasn't doing that when I saw him.	3	it.
4	Q. Okay. Whether or not he had a closed angle	4	A. Okay.
5	at the time he came to see you, based on	5	Q. All right. Where it says symptoms of
6	his complaint that he was seeing halos	6	narrow angle glaucoma, you agree with me
7	around lights, why was the gonioscopy not	7	that it says cloudy comea there?
8	performed?	8	A. Correct.
9	A. There was no indication to perform it.	9	Q. Blurring and decreased visual acuity. Do
10	Q. Would Goldmann tonometry have aided you in	10	you see that?
11	your diagnosis?	11	A. Correct.
12	 No more so than what we had already. 	12	Q. Seeing halos around lights. Do you see
13	Q. And are Goldmann tonometry and applanation	13	that?
14	tonometry the same thing?	14	A. Well, I saw it, yes
15	A. There are other kinds of applanation	15	Q. All right. Are you aware that this kind of
16	tonometry.	16	information - I'll just represent to you
17	Q. I'm just going to show you this. We may	17	that this kind of information regarding the
18	make it an exhibit, but I'll show it to	18	signs and symptoms of angle dosure
19	your attorney. That's just something I	19	glaucoma is readily available to a layman
17		20	over the internet. Are you aware of that?
20	found on the internet, and I'll be glad to		J J
	share a copy with your lawyer if you want	21	A. I would think probably so.
20			A. I would think probably so. Q. Okay.

	Page 225		Page 22
1	A. No.	1	A. It would depend on what kind of problems
2	Q. Okay. Do you agree that because you can't	2	you detected as to what should be done
3	predict what lies ahead, you have to	3	next.
4	prepare for the worst?	4	Q. Okay. All right. I'm done.
5	MR. WHITE: Object to the form.	5	********
6	 No, I don't agree with that. 	6	FURTHER DEPONENT SAITH NOT
7	Q. Why not?	7	* * * * * * * * * * * * *
8	A. Well, do you sleep in the basement in case	8	REPORTER'S CERTIFICATE
9	you have a tornado?	9	STATE OF ALABAMA:
10	Q. I don't have a basement, but anyway. If	10	MONTGOMERY COUNTY:
11	you see a tornado coming, do you sleep in	11	I, Patricia G. Starkie, Registered
12	your basement?	12	Diplomate Reporter, CRR, and Commissioner for the
13	A. If I saw one coming, I would.	13	State of Alabama at Large, do hereby certify that I
14	Q. Because you're concerned for your safety,	14	reported the deposition of:
15	correct?	15	DAVID BAZEMORE, O.D.
16	A. That, and more so my family's.	16	who was first duly sworn by me to speak the truth,
17	Q. And as an optometrist, it's your duty to be	17	the whole truth and nothing but the truth, in the
18	concerned for the safety of those people	18	matter of:
19	who come to you as patients, correct?	19	KYLE BENGTSON,
20	A. That's what they're coming in for.	20	Plaintiff,
21	Q. And it is your job to see	21	vs.
22	As you said in the first few minutes of	22	DAVID BAZEMORE, O.D.,
23	this deposition, you are an optometrist,	23	Et al.,
1	Page 226 correct?		Page 228
1		1	
2		1	Defendants.
2	A. That's correct.	2	In The U.S. District Court
3	A. That's correct.Q. And you are trained to examine eyes for eye	2 3	In The U.S. District Court For the Middle District of Alabama
3	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? 	2 3 4	In The U.S. District Court For the Middle District of Alabama Eastern Division
3 4 5	A. That's correct.Q. And you are trained to examine eyes for eye problems such as glaucoma, correct?A. Correct.	2 3	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF
3 4 5	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the 	2 3 4 5	In The U.S. District Court For the Middle District of Alabama Eastern Division
3 4 5 6 7	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? 	2 3 4 5 6	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007.
3 4 5 6 7 8	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. 	2 3 4 5 6	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages
3 4 5 6 7 8 9	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as 	2 3 4 5 6 7 8 9	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the
3 4 5 6 7 8 9	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much 	2 3 4 5 6 7 8 9 10	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived.
3 4 5 6 7 8 9	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? 	2 3 4 5 6 7 8 9 10 11 12	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin
3 4 5 6 7 8 9	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the 	2 3 4 5 6 7 8 9 10 11 12 13	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in
3 4 5 6 7 8 9 10 11 12	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. 	2 3 4 5 6 7 8 9 10 11 12 13 14	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof.
3 4 5 6 7 8 9 10 11 12	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in
3 4 5 6 7 8 9 10 11 12 13	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in the sense that until there are symptoms, 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof.
3 4 5 6 7 8 9 10 11 12 13 14	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof.
3 4 5 6 7 8 9 10 11 12 13 14 15	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in the sense that until there are symptoms, 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof. This 30th day of May 2006.
3 4 5 6 7	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in the sense that until there are symptoms, you can't diagnose them as having them or 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof. This 30th day of May 2006.
3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in the sense that until there are symptoms, you can't diagnose them as having them or not or signs. And the only way you can 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof. This 30th day of May 2006. Patricia G. Starkie, Registered Diplomate Reporter, CRR, and
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in the sense that until there are symptoms, you can't diagnose them as having them or not or signs. And the only way you can tell if they have it is through 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof. This 30th day of May 2006. Patricia G. Starkie, Registered Diplomate Reporter, CRR, and Commissioner for the State
3 4 5 6 7 8 9 10 111 112 113 114 115 116 117 118	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in the sense that until there are symptoms, you can't diagnose them as having them or not or signs. And the only way you can tell if they have it is through verification of different defects which 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof. This 30th day of May 2006. Patricia G. Starkie, Registered Diplomate Reporter, CRR, and Commissioner for the State of Alabama at Large
3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18	 A. That's correct. Q. And you are trained to examine eyes for eye problems such as glaucoma, correct? A. Correct. Q. And therefore, you are required to know the symptoms of glaucoma, correct? A. Correct. Q. So that you can see such a problem as glaucoma coming before it causes too much damage, correct? MR. WHITE: Objection to the form. You can answer. A. Well, glaucoma is not very predictable in the sense that until there are symptoms, you can't diagnose them as having them or not or signs. And the only way you can tell if they have it is through verification of different defects which we've already covered and gone through some 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	In The U.S. District Court For the Middle District of Alabama Eastern Division Case Number 3:06-cv-00569-MEF on May 15, 2007. The foregoing 227 computer printed pages contain a true and correct transcript of the examination of said witness by counsel for the parties set out herein. The reading and signing of same is hereby waived. I further certify that I am neither of kin nor of counsel to the parties to said cause nor in any manner interested in the results thereof. This 30th day of May 2006. Patricia G. Starkie, Registered Diplomate Reporter, CRR, and Commissioner for the State

May 15, 2007

Page 97 Page 99 1 secondary causes. Acute just means that you've never seen before. 2 the pressure is real high. 2 A. Okay. 3 3 Q. What would you do? Q. Well, let me ask you this. What type of 4 glaucoma are you talking about when you say A. I would first of all see what other things 4 5 that -- when you say that there is a type 5 might be wrong that would cause the 6 of glaucoma where the pressure is not 6 symptoms that you're talking about. Those 7 constantly high, it can come and go? What 7 are not limited to having glaucoma. In 8 type of glaucoma is that? 8 fact, that would be down the list of causes 9 9 A. That would usually -- it kind of depends for those symptoms. It would be more 10 on -- like I said earlier, there's 10 common for them to have some other problems 11 variation in the pressure anyway. But if that would cause that. 11 12 you have something -- if you're on certain 12 If I had seen them before, then what I 13 medications that might cause your pupil to 13 did or didn't do would be based on whether 14 be dilated versus not dilated or if you 14 there was continuity from the times before, 15 have some -- well, there's a lot of 15 whether something was changing, 16 things. I just really couldn't answer that 16 Q. Okay. Can glaucoma be managed via 17 for a blanket statement. 17 self-care at home? 18 Q. All right. You have stated, again, that 18 That would depend on the type of glaucoma. 19 there is a type of angle closure glaucoma 19 Q. Angle closure glaucoma. Can that be 20 where the pressure is not constantly 20 managed at home? elevated, correct? 21 21 A. No. 22 A. That's my understanding. 22 Q. Not via self-care; correct? A. I don't know of any cases where that's 23 Q. Okay. If a patient presents in your office 23 Page 100 Page 98 with signs and symptoms of glaucoma but not happened. 1 1 2 at that particular time elevated pressure, 2 Q. Okay. If you suspect a patient of angle 3 what do you do for that patient? 3 closure glaucoma, do you -- what do you 4 A. Again, it would depend on what other signs 4 do? If you suspect a patient of angle 5 and symptoms there were. Okay? And the 5 closure glaucoma, and you're at the end of 6 decision of when to have them back and 6 the appointment, what next? 7 check for this or that would depend on the 7 MR. WHITE: Object to the form. 8 other signs and symptoms if the pressure is 8 Can you define what you mean 9 normal. 9 by suspect? I mean, I think 10 10 Q. All right. Well, what if that sign and he's already said what he does 11 symptom --11 when they determine they have 12 12 I'm sorry. Did I cut you off? glaucoma. Q. All right. If you are of the opinion that 13 A. Well, I'm just -- you know, I don't know if 13 14 the pressure -- Well, that's all I know to 14 they may have angle closure glaucoma, and 15 15 you're at the end of the appointment, what 16 Q. What if the other signs and symptoms are --16 do you do? 17 include headaches and seeing halos around 17 A. I'm going to walk in and pick up the phone 18 18 lights and blurry vision, but the pressure and call Medical Arts and ask them if he 19 is not high at that particular time? What 19 can go over there and let them look at him. 20 Q. Okay. And that's because you understand would you do for that patient? 20 21 A. Was this a new patient that I've never seen 21 that angle closure glaucoma is a medical 22 22 before? emergency, correct? 23 23 Q. Let's take both situations. New patient A. Correct.

	Page 93		Page 9:
1	can vary, correct?	1	A. I couldn't say. It would depend on other
2	A. If the angle is closed, then the pressure	2	things about the patient.
3	will be elevated.	3	Q. Okay. But would you still want to run
4	Q. Does the angle with angle closure	4	tests for glaucoma if their history
5	glaucoma, is the angle always closed?	5	A. Every patient that comes in gets tested for
6	 A. There are different kinds of angle closure 	6	glaucoma.
7	glaucoma.	7	Q. How is angle closure glaucoma managed?
8	Q. Okay. And what are the kinds of angle	8	A. That would vary from case to case. I
9	closure glaucoma?	9	couldn't say.
10	A. You can have a primary kind, you can have a	10	Q. All right. Well, just say primary angle
11	secondary kind, and the secondary kind	11	closure glaucoma. How do you manage that?
12	would be due to various things.	112	A. It depends on the elevation of the
13	Q. Okay. What is primary?	13	pressure, and I don't manage that. That's
14	A. The angle just closes off because of the	14	up to the ophthalmologist.
15	anatomical shape of the person's anterior	15	Q. You would send that person to an
16	chamber angle.	16	ophthalmologist?
17	Q. All right. What is secondary?	17	A. Yes.
18	A. It has several different reasons that that	18	Q. What about secondary angle closure
19	could happen.	19	glaucoma? How is that managed?
20	Q. Okay. Can you give me some of them?	20	A. If the pressure is elevated, it goes to the
21	A. They could have pigmentary glaucoma where	21	ophthalmologist.
22	it's clogging the trabecular meshwork.	22	Q. And what if the pressure is not elevated at
23	They could have an angle recession where	23	that particular time?
	Page 94		Page 96
1	there's damage to the trabecular meshwork.	1	A. And what other signs make you think that
2	There are others that we can look up if you	2	they have glaucoma at that point?
3	want to.	3	Q. Well, I'm that's a good question. What
4	 Q. Well, I'm just asking you the ones you 	4	other signs would there be that would make
5	remember as you sit here right now.	5	you be concerned about glaucoma?
6 .	A. Right.	6	A. Well, there's a lot of them, you know.
7	Q. Is that all ofthem?	7	We've been through this. But if their
8	 A. You can have anything that got inside 	8	optic nerve head shows damage, if their
9	your eye, if you had trauma to your eye,	9	cornea shows damage from the pressure being
10	and it - there are other iris and corneal	10	too high and other things like that that
11	degenerative conditions that release cells	11	you have to look for as well as just the
12	that clogup the trabecular meshwork.	12	pressure.
13	Q. When is glaucoma an emergency?	13	Q. All right. Well, you've testified earlier
14	 If they came in and the pressure is very 	14	that with angle closure glaucoma, there is
15	high, then I'm going to pick up the phone	15	a type of angle closure glaucoma where the
16	and call the ophthalmology office and	16	pressure is not constantly elevated,
17	they're going over there then.	17	correct?
18	Q. Okay. And what if they come in and they	18	A. That's right.
19	their history is that they're having some	19	Q. All right. Would that be what's called
20	signs and symptoms of glaucoma, but their	20	acute angle closure glaucoma?
		21	A. It would depend on whose book you were
21	pressure is not high? What do you do for		A. It would depend on whose book you were
	pressure is not high? What do you do for that kind of patient? It's not high at that visit.	22 23	reading. The terms primary and secondary include that secondary are due to other

Page 125		Page 127
agree to disagree over what it	1	Q. All right. But, now, did you have
says.	2	What did you call it, the OHD?
Q. All right. Do you agree that the use of a	3	A. OHT. I'm not even that is an instrument
gonioscopy better allows you to view the	4	that has only come out here in the last
angle of the eye?	5	year or two, so I don't even know if he has
A. Well, what do you	6	one up there or not.
MR. WHITE: Object to the form.	7	Q. So you didn't have an OHT in 2004?
A. We've covered this one before, too. I told	8	A. No.
you there were three main things. One was	9	Q. All right. But you've already testified
with the slit lamp, one was gonioscopy, and	10	you had a gonioscopy in 2004?
one was the OHT instrument.	11	A. Right.
Q. Of the three, which allows you to view the	12	Q. Okay. Do you agree with that statement,
angle of the eye the best?	13	not Let's forget about the OHT for a
A. I would say the OHT instrument.	14	moment. Between the other available
Q. Okay. And then what is the second best?	15	methods of viewing the angle, do you agree
 The gonioscopy. 	16	that the gonioscopy is the better method
Q. You've testified earlier that glaucoma is a	17	than the slit lamp?
serious medical condition that can result	18	A. Right. Then the von Herrick screening
in blindness, correct?	19	method. Both of them require the slit
MR. WHITE: Object to the form.	20	lamp.
Asked and answered.	21	Q. Okay. All right. Next paragraph. It
Q. You haven't changed your mind on that, have	22	says, even when the anterior chamber angle
you?	23	is assessed as being narrow or even
Page 126		Page 128
A. No.	1	dangerously narrow, further information is
Q. Okay. And that is something that you need	2	often needed.
as an optometrist to rule out when you see	3	Do you agree with that?
a patient who has some symptoms of	4	A. I just have to have a minute to read what's
glaucoma, correct? You need to rule out	5	there besides that one sentence, because
glaucoma, correct?	6	that's not all that's involved with it.
 I need to rule out glaucoma, yes. 	7	Q. Well, take your time.
Q. Okay. And in order to do that, you need to	8	A. Okay. Now go ahead and ask me again,
view the angle of the eye, correct?	9	please.
A. Not necessarily.	10	Q. All right. When the anterior chamber is
Q. All right. I'd like you to look at the	11	assessed as being narrow or even
first full paragraph in the next column.	12	dangerously narrow, further information is
Do you see where it says, evaluation of the	13	needed, right? Do you agree with that?
anterior chamber angle is best accomplished	14	A. Further information before you do what?
by gonioscopy? Do you see that?	15	Q. Well, let me just ask you. If you see a
A. I do.	16	very narrow angle, may not be closed but
Q. Do you agree with that?	17	it's narrow, what do you do?
C. Do you age or man man.		A. I am probably going to have that go to
A. Just a minute ago, we talked about the	18	A. I am probably going to have that go to
 A. Just a minute ago, we talked about the three most commonly used ways of doing 	18 19	Medical Arts to see if they want to do a
A. Just a minute ago, we talked about the three most commonly used ways of doing that. And like I said, when the book was	19 20	Medical Arts to see if they want to do a prophylactic laser procedure on that.
A. Just a minute ago, we talked about the three most commonly used ways of doing that. And like I said, when the book was written, they didn't have some of the	19 20 21	Medical Arts to see if they want to do a prophylactic laser procedure on that. Q. And why is that?
A. Just a minute ago, we talked about the three most commonly used ways of doing that. And like I said, when the book was	19 20	Medical Arts to see if they want to do a prophylactic laser procedure on that.
	agree to disagree over what it says. Q. All right. Do you agree that the use of a gonioscopy better allows you to view the angle of the eye? A. Well, what do you MR. WHITE: Object to the form. A. We've covered this one before, too. I told you there were three main things. One was with the slit lamp, one was gonioscopy, and one was the OHT instrument. Q. Of the three, which allows you to view the angle of the eye the best? A. I would say the OHT instrument. Q. Okay. And then what is the second best? A. The gonioscopy. Q. You've testified earlier that glaucoma is a serious medical condition that can result in blindness, correct? MR. WHITE: Object to the form. Asked and answered. Q. You haven't changed your mind on that, have you? Page 126 A. No. Q. Okay. And that is something that you need as an optometrist to rule out when you see a patient who has some symptoms of glaucoma, correct? You need to rule out glaucoma, correct? A. I need to rule out glaucoma, yes. Q. Okay. And in order to do that, you need to view the angle of the eye, correct? A. Not necessarily. Q. All right. I'd like you to look at the first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do.	agree to disagree over what it says. Q. All right. Do you agree that the use of a gonioscopy better allows you to view the angle of the eye? A. Well, what do you MR. WHITE: Object to the form. A. We've covered this one before, too. I told you there were three main things. One was with the slit lamp, one was gonioscopy, and one was the OHT instrument. Q. Of the three, which allows you to view the angle of the eye the best? A. I would say the OHT instrument. Q. Okay. And then what is the second best? A. The gonioscopy. Q. You've testified earlier that glaucoma is a serious medical condition that can result in blindness, correct? MR. WHITE: Object to the form. Asked and answered. Q. You haven't changed your mind on that, have you? Page 126 A. No. Q. Okay. And that is something that you need as an optometrist to rule out when you see a patient who has some symptoms of glaucoma, correct? You need to rule out glaucoma, correct? A. I need to rule out glaucoma, yes. Q. Okay. And in order to do that, you need to view the angle of the eye, correct? A. Not necessarily. Q. All right. I'd like you to look at the first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do.

May 15, 2007

Page 97 Page 99 secondary causes. Acute just means that 1 you've never seen before. 2 2 the pressure is real high. A. Okay. 3 3 Q. Well, let me ask you this. What type of Q. What would you do? 4 glaucoma are you talking about when you say 4 A. I would first of all see what other things 5 that -- when you say that there is a type 5 might be wrong that would cause the 6 6 of glaucoma where the pressure is not symptoms that you're talking about. Those 7 7 are not limited to having glaucoma. In constantly high, it can come and go? What 8 type of glaucoma is that? 8 fact, that would be down the list of causes 9 9 A. That would usually -- it kind of depends for those symptoms. It would be more 10 10 on -- like I said earlier, there's common for them to have some other problems 11 variation in the pressure anyway. But if 11 that would cause that. 12 12 you have something -- if you're on certain If I had seen them before, then what I 13 medications that might cause your pupil to 13 did or didn't do would be based on whether 14 be dilated versus not dilated or if you 14 there was continuity from the times before, 15 15 whether something was changing. have some -- well, there's a lot of Q. Okay. Can glaucoma be managed via 16 things. I just really couldn't answer that 16 17 for a blanket statement. 17 self-care at home? 18 O. All right. You have stated, again, that 18 That would depend on the type of glaucoma. 19 Q. Angle closure glaucoma. Can that be 19 there is a type of angle closure glaucoma 20 20 managed at home? where the pressure is not constantly 21 elevated, correct? 21 A. No. 22 22 That's my understanding. O. Not via self-care; correct? 23 Q. Okay. If a patient presents in your office 23 A. I don't know of any cases where that's Page 100 with signs and symptoms of glaucoma but not happened. 1 1 2 at that particular time elevated pressure, 2 Q. Okay. If you suspect a patient of angle 3 3 closure glaucoma, do you -- what do you what do you do for that patient? 4 do? If you suspect a patient of angle A. Again, it would depend on what other signs 4 5 5 and symptoms there were. Okay? And the closure glaucoma, and you're at the end of 6 decision of when to have them back and 6 the appointment, what next? 7 7 check for this or that would depend on the MR. WHITE: Object to the form. 8 8 other signs and symptoms if the pressure is Can you define what you mean 9 9 by suspect? I mean, I think Q. All right. Well, what if that sign and 10 he's already said what he does 10 when they determine they have 11 symptom --11 12 I'm sorry. Did I cut you off? 12 glaucoma. A. Well, I'm just -- you know, I don't know if Q. All right. If you are of the opinion that 13 13 14 the pressure -- Well, that's all I know to 14 they may have angle closure glaucoma, and 15 you're at the end of the appointment, what 15 16 Q. What if the other signs and symptoms are --16 do you do? 17 17 include headaches and seeing halos around A. I'm going to walk in and pick up the phone 18 18 lights and blurry vision, but the pressure and call Medical Arts and ask them if he 19 is not high at that particular time? What 19 can go over there and let them look at him. would you do for that patient? 20 20 Q. Okay. And that's because you understand A. Was this a new patient that I've never seen 21 that angle closure glaucoma is a medical 21 22 before? 22 emergency, correct? 23 23 Q. Let's take both situations. New patient A. Correct.

	Page 73		Page 75
1	and symptom of glaucoma, correct?	1	ophthalmologist?
2	A. Uh-huh (positive response).	2	 Just every day, yes.
3	Q. Is that a yes?	3	Q. Okay. And that's because you want to
4	A. I don't see that very much. It can be.	4	prevent serious eye problems; is that
5	Q. It can be. All right. So you've stated	5	correct?
6	glaucoma is a serious eye disease that can	6	A. That's correct.
7	cause blindness, correct?	7	Q. And that's because you recognize that while
8	A. Correct.	8	you are an individual, as you testified
9	 Q. Okay. So is glaucoma something that you 	9	earlier, trained to examine eyes, you
10	would want to rule out for a patient	10	understand that there are things that an
11	presenting with seeing halos around	11	ophthalmologist is trained to do that you
12	lights?	12	are not qualified or trained to do; is that
13	A. Correct.	13	correct?
14	 Q. And would ruling out glaucoma involve doing 	14	 That's correct.
15	more than one method of tonometry?	15	Q. Is there any treatment for glaucoma that an
16	 A. It would depend on the reading that I got 	16	ophthalmologist is able to providea
17	on the first type. It would depend on the	17	patient that you are not able to provide a
18	appearance of the optic nerve head. It	18	patient?
19	would depend on whether they have other	19	A. Yes
20	problems like a cataract or corneal	20	Q. Okay. Tell me about that.
21	scarring or other problems. How open	21	 Any surgical procedure that would be
22	their anterior chamber angle is. That's	22	indicated.
23	not something that you could say for	23	 Q. And what surgeries are used to correct
	Page 74		Page 76
1	everybody.	1	alaucoma and intracquiar practure?
1		1	glaucoma and intraocular pressure?
2	Q. Okay. If a patient presented with seeing	2	MR. WHITE: Object to the form.
2	 Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, 	1	
1000		2	MR. WHITE: Object to the form.
3	halos around lights and pain, headaches,	2 3	MR. WHITE: Object to the form. You're asking about what an
3	halos around lights and pain, headaches, what would you be concerned with?	2 3 4	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I
3 4 5	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you	2 3 4 5	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified
3 4 5 6	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe	2 3 4 5 6	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If
3 4 5 6 7	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what	2 3 4 5 6 7	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he
3 4 5 6 7 8	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual	2 3 4 5 6 7 8	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer.
3 4 5 6 7 8 9	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than	2 3 4 5 6 7 8 9	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right.
3 4 5 6 7 8 9	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me.	2 3 4 5 6 7 8 9	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know?
3 4 5 6 7 8 9 10	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and	2 3 4 5 6 7 8 9 10	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that,
3 4 5 6 7 8 9 10 11 12	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that	2 3 4 5 6 7 8 9 10 11 12	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any
3 4 5 6 7 8 9 10 11 12 13	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct?	2 3 4 5 6 7 8 9 10 11 12 13	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the
3 4 5 6 7 8 9 10 11 12 13 14	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct.	2 3 4 5 6 7 8 9 10 11 12 13 14	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient.
3 4 5 6 7 8 9 10 11 12 13 14 15	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is
3 4 5 6 7 8 9 10 11 12 13 14 15 16	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a patient like that to an ophthalmologist?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes. Q. Okay. Where it says tonometry or other
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a patient like that to an ophthalmologist? A. If there were enough findings that were	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes. Q. Okay. Where it says tonometry or other appropriate glaucoma testing, what other
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a patient like that to an ophthalmologist? A. If there were enough findings that were positive that that patient might have	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes. Q. Okay. Where it says tonometry or other appropriate glaucoma testing, what other testing is appropriate to detect glaucoma?

	Page 121		Page 12
1	A. Yes	1	whether their angle is closed?
2	Q. Do you believe that he is referring to puff	2	 A. By looking with the slit lamp.
3	test tonometry or to applaration or	3	Q. But you testified earlier that a gonioscopy
4	Goldmann tonometry?	4	is
5	MR. WHITE: Object to the form.	5	A. And I was going to say, and if it appears
6	Q. Based on your familiarity with the accepted	6	to be narrow with the slit lamp, I'm going
7	form and best form of tonometry, what do	7	to do gonioscopy.
8	you think is suggested there?	8	Q. Okay. And earlier I asked you did you
9	MR. WHITE: Object to the form.	9	believe that the writers of this text were
10	MR. ADAMS: He'san optometrist.	10	wrong to state that a gonioscopy must be
11	He can testify.	11	one of the tests, and I'm not sure I
12	MR. WHITE: You're asking him to	12	understood your answer. Is the gonioscopy
13	read into what he's saying and	13	a necessary test for someone having these
14	guess at what his true intent	14	symptoms?
15	was? That's ridiculous.	15	A. What was the pressure?
16	MR. ADAMS: No, it's not.	16	Q. We're not talking about pressure, as I
17	MR. WHITE: It's absurd is what it	17	understand it. We're talking about these
18	is.	18	
19	MR. ADAMS: No. You do your	19	symptoms. If they present with these
20		10000000	symptoms, one of these symptoms, one or
21	homework, and you'll find out, it's not absurd.	20	more of these symptoms, is a gonioscopy
		21	required?
22 23	MR. WHITE: This man didn't do his	22	A. It would depend on what other things I did
23	homework? That's what you're	23	and what symptoms would apply to any other
	Page 122		Page 124
1	saying? The author of this	1	problems that I had found or did not find
2	book didn't do his homework?	2	on that patient.
3	MR. ADAMS: You may not understand	3	Q. Okay. So if I understand you correctly,
4	the question. Let me rephrase	4	you are do I understand you correctly to
5	it.	5	disagree with the writers of this text that
6	Q. In the most current literature, where you	6	gonioscopy must be a test performed when a
7	see the word tonometry, is that in	7	patient presents with these symptoms?
8	reference to puff test or to Goldmann	8	MR. WHITE: Objection to the form
9	tonometry?	9	of that. You're paraphrasing
10	A. I really	10	something that the book
11	MR. WHITE: Object to the form.	11	doesn't say.
12	A. I really couldn't say unless they specified	12	A. It doesn't say that in the book.
13	on there.	13	Q. Well, actually, what it says is the
	Q. Okay. You agree that visual field testing	14	clinical examination for both conditions,
15	is a necessary clinical exam for somebody	15	•
16	with the symptoms of angle closure	16	referring to both types of angle closure
17	glaucoma?		glaucoma, consist. It consists. It will
-	The state of the s	17	include gonioscopy.
9	A. I think that if somebody has angle closure	18	A. That's correct.
	glaucoma that I'm going to send them to the	19	Q. And you will agree with that?
20	ophthalmology clinic, and they're going to	20	A. If they have it.
	discern which tests need to be run on that	21	Q. If they have these symptoms.
21 22 23 (patient. Q. Okay. How are you going to determine	22 23	 No, that's not what it says.

	Page 117		Page 119
1	A. Correct.	1	taking of the patient's history is
2	Q. You agree that if it's not managed	2	necessary to examine for angle closure
3	appropriately, possible acute attacks could	3	glaucoma?
4	occur in the future, correct?	4	A. I didn't catchthe first part. You said
5	A. That's a possibility.	5	something about history.
6	Q. Okay. You agree that the signs and	6	Q. All right. Do you agree that an accurate
7	symptoms of angle closure glaucoma include	7	and thorough taking of the patient's
8	red eye? Do you agree with that? I	8	history is necessary to examine for angle
9	believe you've already testified to that.	9	closure glaucoma?
10	A. If the angle is closed when they come in	10	A. Yes
11	the office, their vessels will be dilated.	11	Q. And you agree that the same is true of
12	Q. Okay. And that results in red eye,	12	biomicroscopy?
13	correct?	13	A. That's something that should be done on
14	A. Correct.	14	every patient.
15	Q. You agree that one of the symptoms of angle	15	Q. Okay. So that's a yes?
16	closure glaucoma is blurred vision,	16	A. Uh-huh (positive response).
17	correct?	17	Q. That was a yes?
18	A. Yes, it can that could be one of the	18	A. Yes
19	symptoms.	19	Q. Okay. And do you agree that gonioscopy is
20	Q. Okay. And you agree that colored rings	20	necessary in order to do an appropriate
21	around lights is one of the symptoms,	21	clinical examination for angle closure
22	correct?	22	glaucoma?
23	A. It can be the symptom of this.	23	A. It's one of the tests that can be done for
	Page 118		Page 120
1	Q. All right. And another way of saying	1	that. I mentioned earlier a couple of
2	colored rings around lights is halos,	2	other tests that can also be done for that.
3	correct?	3	Q. Okay. But are you prepared to say that
4	A. I guess you would have to ask the patient	4	Dr. Bartlett should not have included this
5	what they meant by that to verify that.	5	in his list of necessary examinations?
6	Q. All right. Further, you agree tearing can	6	A. I think that gonioscopy let's see how he
7	be a symptom of angle closure glaucoma?	7	words this. I don't even let's see.
8	A. Correct.	8.	What's the year on this?
9	Q. Ocular discomfort can be a symptom?	9	Q. It's 2001.
10	A. Yes.	10	 Seems like some of the other instruments
11	Q. And headache can be a symptom?	11	that I mentioned to you were not even
12	A. Some yes.	12	available at the time this book was
13	Q. Okay.	13	printed.
14	A. It can be.	14	Q. Okay. And do you use any of those
15	Q. All right. Let's move down to the third	15	instruments to view the angle of the eye?
16	paragraph. You see where it says, the	16	A. I have a gonioscope. I don't have one of
17	clinical examination for both conditions	17	the OHT instruments.
18	consists of history, biomicroscopy,	18	Q. And you had a gonioscope in 2004?
19	gonioscopy, optic disk evaluation,	19	A. I did.
	tonometry, and visual field testing.	20	Q. All right. Do you agree that optic disk
20		100000	
20 21	Did I read that correctly?	21	evaluation is necessary?
	Did I read that correctly? A. Yes.	21 22	evaluation is necessary? A. Yes.

	Page 189		Page 19
1	something that - another incident that	1	was that the gonioscopy presents a better
2	causes damage to the optic nerve. You	2	view of the angle; is that correct?
3	could have hyphema, which is the leakage of	3	A. Right. That's correct.
4	a blood vessel in the back of your eye that	4	Q. Okay. Why did you not use the gonioscopy
5	can be secondary to diabetes or a list of	5	to get the best possible view of the angle?
6	other general health problems.	6	A. Because there was no indication to do
7	You want me to keep going?	7	that. All the other findings to rule out
8	Q. Yeah.	8	glaucoma were okay.
9	A. Okay. You could have what's known as	9	Q. What other findings?
10	intis, which is an inflammatory problem.	10	A. I just went through them. It had to do
11	You know, I'd have to have something to	11	with the pressure in his eye. It had to do
12	write with and write all these down so I'm	12	with the appearance of his optic nerve. It
13	not repeating myself on all of them.	13	has to do with the clarity of his cornea.
14	Q. You testified earlier you agree that seeing	14	Has to do with we've already screened to
15	halos around lights is a symptom of angle	15	see if his angle was open with the slit
16	closure glaucoma, correct?	16	lamp exam, and all of those findings were
17	A. Yes	17	normal.
18	Q. Okay. The two of those coupled together -	18	Q. Are you aware as to whether the NCT
19	A. I'm sorry. Which two are we talking about?	19	tonometry was the preferred tonometry test
20	Q. The blurry vision or film over the eye	20	at the time of this visit?
21	together with the halos around lights.	21	MR. WHITE: Object to the form.
22	Would you agree that that should cause some	22	A. Could you rephrase that another way for me?
23	concern for an optometrist that Kyle may	23	Q. Well, let's kind of back up. On one of his
1	Page 190 have or that this patient, a patient	1	Page 192 prior visits, the October 2001 visit, you
2	presenting with this could have angle	2	
3	closure glaucoma?	3	had had a problem with the NCT tonometry, correct?
4	A. That would be a possibility, and it would	4	MR. WHITE: Object to the form. I
5	be a very low chance.	5	don't believe that's what he
	- Control of the Cont		
O	11 Bill because it's a possibility and because		
6	Q. But because it's a possibility and because	6	testified to.
7	glaucoma is so dangerous and can result in	6 7	testified to. Q. Well, you had had to do another type of
7 8	glaucoma is so dangerous and can result in blindness, it is something you would want	6 7 8	Q. Well, you had had to do another type of tonometry, correct?
7 8 9	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate?	6 7 8 9	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to.
7 8 9 10	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right.	6 7 8 9	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you
7 8 9 10 11	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to	6 7 8 9 10	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or
7 8 9 10 11 12	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the	6 7 8 9 10 11 12	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together?
7 8 9 10 11 12 13	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct?	6 7 8 9 10 11 12 13	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes.
7 8 9 10 11 12 13 14	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as	6 7 8 9 10 11 12 13	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the
7 8 9 10 11 12 13 14 15	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as having glaucoma or not. That only defines	6 7 8 9 10 11 12 13 14	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the NCT tonometry?
7 8 9 10 11 12 13 14 15 16	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as having glaucoma or not. That only defines the appearance of the angle. There were	6 7 8 9 10 11 12 13 14 15 16	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the NCT tonometry? A. Yes.
7 8 9 10 11 12 13 14 15 16 17	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as having glaucoma or not. That only defines the appearance of the angle. There were tests done: Measuring the pressure in his	6 7 8 9 10 11 12 13 14 15 16 17	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the NCT tonometry? A. Yes. Q. And the NCT tonometry is a less accurate
7 8 9 10 11 12 13 14 15 16 17 18	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as having glaucoma or not. That only defines the appearance of the angle. There were tests done: Measuring the pressure in his eye, looking at the optic nerve, checking	6 7 8 9 10 11 12 13 14 15 16 17	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the NCT tonometry? A. Yes. Q. And the NCT tonometry is a less accurate test because patients often do that,
7 8 9 10 11 12 13 14 15 16 17 18	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as having glaucoma or not. That only defines the appearance of the angle. There were tests done: Measuring the pressure in his eye, looking at the optic nerve, checking the pupillary actions, doing a screening	6 7 8 9 10 11 12 13 14 15 16 17 18	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the NCT tonometry? A. Yes. Q. And the NCT tonometry is a less accurate test because patients often do that, correct?
7 8 9 10 11 12 13 14 15 16 17 18 19 20	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as having glaucoma or not. That only defines the appearance of the angle. There were tests done: Measuring the pressure in his eye, looking at the optic nerve, checking the pupillary actions, doing a screening for angle closure with the slit lamp. All	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the NCT tonometry? A. Yes. Q. And the NCT tonometry is a less accurate test because patients often do that, correct? A. They don't often do it.
7 8 9 10 11 12 13 14 15 16 17 18	glaucoma is so dangerous and can result in blindness, it is something you would want to eliminate? A. Right. Q. Okay. And therefore, you would want to conduct a thorough examination of the patient's angles, correct? A. That is that does not define him as having glaucoma or not. That only defines the appearance of the angle. There were tests done: Measuring the pressure in his eye, looking at the optic nerve, checking the pupillary actions, doing a screening	6 7 8 9 10 11 12 13 14 15 16 17 18	testified to. Q. Well, you had had to do another type of tonometry, correct? A. I didn't have to. I wanted to. Q. And you testified you wanted to because you believed Kyle was squinting his eyes or squeezing his lids together? A. That's what was written on the chart, yes. Q. And is that sometimes a problem with the NCT tonometry? A. Yes. Q. And the NCT tonometry is a less accurate test because patients often do that, correct?

May 15, 2007

Page 209 Page 211 1 Q. Or the origin of the symptoms, correct? it? 2 A. The origin of the symptoms, I'm not sure --2 MR. ADAMS: I'm just going to ask 3 you would have to be more specific than 3 him about it. 4 MR. WHITE: He needs to read it 4 5 5 Q. Yeah, you're right. That's not a real good first. O. Well, you can read it. Sure. No problem. 6 question. 6 MR. WHITE: Well, and we're not 7 7 It doesn't matter -- your duty doesn't 8 going to answer questions 8 change if somebody comes in with glaucoma 9 pursuant to an injury or glaucoma pursuant 9 about it unless you're going 10 to some other cause, does it? Your duty to 10 to make it an exhibit to the 11 provide good care is the same, correct? 11 deposition. MR. ADAMS: That's fine. I'll 12 A. My duty is to try to figure out if they do 12 13 make it an exhibit. That's have glaucoma, and if they do, then to try 13 14 to get something done about it. 14 fine 15 Q. Whether or not that glaucoma originates 15 (Plaintiff's Exhibit 6 was marked from an injury or some other cause, right? 16 16 for identification.) 17 17 A. That's true. Q. I'm just going to ask you about the middle Q. Okay. How could the gonioscopy have aided 18 18 paragraph there on the symptoms. 19 in the diagnosis of narrow angle glaucoma 19 MR. WHITE: I don't think he's 20 ' in Kyle Bengtson? 20 finished reading it. I know 21 MR. WHITE: Object to the form. 21 I'm not. We just finished the A. Somebody who actually saw him when he had 22 22 first paragraph. 23 angle closure glaucoma would be better able 23 MR. ADAMS: All right. Page 210 Page 212 Q. Okay. If you don't mind, just put this to answer that question. I don't know 1 1 2 2 down on the table where we can both look at exactly what was going on with him at that time. It wasn't doing that when I saw him. 3 3 it. 4 Q. Okay. Whether or not he had a closed angle 4 A. Okay. 5 5 at the time he came to see you, based on O. All right. Where it says symptoms of his complaint that he was seeing halos 6 narrow angle glaucoma, you agree with me 6 7 7 around lights, why was the gonioscopy not that it says cloudy comea there? 8 8 performed? A. Correct. 9 9 Q. Blurring and decreased visual acuity. Do A. There was no indication to perform it. Q. Would Goldmann tonometry have aided you in 10 you see that? 10 11 your diagnosis? 11 A. Correct. 12 Q. Seeing halos around lights. Do you see 12 A. No more so than what we had already. 13 Q. And are Goldmann tonometry and applanation 13 that? 14 tonometry the same thing? 14 A. Well, I saw it, yes. A. There are other kinds of applanation 15 Q. All right. Are you aware that this kind of 15 information - I'll just represent to you 16 tonometry. 16 17 Q. I'm just going to show you this. We may 17 that this kind of information regarding the 18 make it an exhibit, but -- I'll show it to 18 signs and symptoms of angle dosure 19 glaucoma is readily available to a layman 19 your attorney. That's just something I 20 found on the internet, and I'll be glad to 20 over the internet. Are you aware of that? 21 21 I would think probably so. share a copy with your lawyer if you want 22 to. This is just something that --22 Q. Okay. 23 MR. WHITE: You want him to read 23 A. If they looked under -- you could do it

	Page 113		Page 11:
1	patient would have to have all of these	1	for an exam in your office, that does not
2	symptoms for the clinical examination	2	mean that you shouldn't rule out the
3	for it to be required that the clinical	3	possibility of angle closure glaucoma
4	examination include history taking,	4	through other testing, correct?
5	biomicroscopy, gonioscopy and tonometry?	5	A. Angle closure glaucoma is ruled out on
6	A. Correct.	6	every patient that comes in for an exam,
7	Q. Okay. Let's look at the next page, if you	7	whether they have symptoms of it or not.
8	would, page 866. I'd like you to look at	8	Q. Okay. And that is because angle closure
9	the second full sentence on that page. Do	9	glaucoma can result in blindness, correct?
10	you see where it says there, is often a	10	MR. WHITE: Object to the form.
11	history of mild attacks?	11	Asked and answered.
12	A. Second oh, okay. You're starting down	12	Q. Is that correct?
13	here.	13	A. I'm sorry. What? What was the question?
14	That would be what he has in the book.	14	Q. That's fine. He's right. You have already
15	Q. Okay. Do you agree that a history of mild	15	affirmatively answered that.
16	attacks can accompany someone who has acute	16	All right. Let's look at page 869.
17	angle closure glaucoma?	17	All right. You see the section there that
18	A. Often is sort of a wide-open word. My	18	says, subacute and chronic angle closure
19		19	
	experiences with the angle closures that I		glaucoma. You see that section?
20	have dealt with are that they are an acute	20	A. Yes.
21	problem that they come in the office with,	21	Q. It says, diagnosis. Okay. And I'm just
22	and that's not usually prior history is	22	going to read part of that first
23	not usually positive.	23	paragraph: A subacute angle closure attack
	Page 114		Page 110
1	Q. Okay. But do you agree it is possible that	1	requires prompt diagnosis and appropriate
2	they could come into the office without the	2	management in part to avoid a possible
3	symptoms at that moment, but give a history	3	acute attack in the future. The symptoms,
4	of mild attacks, and that that that that	4	although transient, are similar to those in
5	history would necessitate you testing for	5	acute angle closure glaucoma and include
6	acute angle closure glaucoma?	6	red eye, blurred vision, colored rings
7	A. I can't answer that the way you're putting	7	around lights, tearing, ocular discomfort,
8	it.	8	and headache located above the eye.
9	Q. Okay. Well, let's see	9	Did I read that correctly?
10	A. There are more specifics to the case.	10	A. Yes.
11	Q. Let's see if I can do better. Do you agree	11	Q. Okay. And do you agree that do you
12	that just because someone doesn't have high	12	agree with what I just read?
13	intraocular pressure as they sit under an	13	MR. WHITE: Agree that you just
at and	exam at your office, that does not	14	read it correctly?
	exam at your office, that does not		Q. Do you agree that what I just read is
14	necessarily mean that they do not have		V. LOU TOU GET OF HIGH WHAT I HUST I CAU IS
14 15	necessarily mean that they do not have	15	
14 15 16	angle closure glaucoma?	16	accurate?
14 15 16 17	angle closure glaucoma? A. Again, that would be a case-by-case thing.	16 17	accurate? A. It would apply in some instances.
14 15 16 17	angle closure glaucoma? A. Again, that would be a case-by-case thing. You couldn't make a blanket statement about	16 17 18	accurate? A. It would apply in some instances. Q. Okay. Let's break it down. You agree that
14 15 16 17 18	angle closure glaucoma? A. Again, that would be a case-by-case thing. You couldn't make a blanket statement about it.	16 17 18 19	A. It would apply in some instances. Q. Okay. Let's break it down. You agree that subacute angle closure glaucoma requires
14 15 16 17 18 19 20	angle closure glaucoma? A. Again, that would be a case-by-case thing. You couldn't make a blanket statement about it. Q. Is it possible?	16 17 18 19 20	accurate? A. It would apply in some instances. Q. Okay. Let's break it down. You agree that subacute angle closure glaucoma requires prompt diagnosis, correct?
14 15 16 17 18 19 20 21	angle closure glaucoma? A. Again, that would be a case-by-case thing. You couldn't make a blanket statement about it. Q. Is it possible? A. It's possible, yes.	16 17 18 19 20 21	accurate? A. It would apply in some instances. Q. Okay. Let's break it down. You agree that subacute angle closure glaucoma requires prompt diagnosis, correct? A. Hopefully, it would.
14 15 16 17 18 19 20 21 22 23	angle closure glaucoma? A. Again, that would be a case-by-case thing. You couldn't make a blanket statement about it. Q. Is it possible?	16 17 18 19 20	accurate? A. It would apply in some instances. Q. Okay. Let's break it down. You agree that subacute angle closure glaucoma requires prompt diagnosis, correct?

May 15, 2007

Page 53 Page 55 optometric visit. Is that a fair 1 1 case history? 2 definition? 2 A. Yes. 3 Q. Okay. And it must include a determination A. There is no minimum things that should be 3 4 done at every office visit that comes in. of refractive error? 4 5 It would vary depending upon the patient's 5 A. Yes. 6 needs. 6 Q. All right. Let's back up. How do you go 7 Q. Well, I'll tell you what. I don't know 7 about getting a case history? 8 why, but it seems like we're having trouble 8 A. It depends on whether it's a new patient or a former patient. New patients are asked 9 with this, so let me just -- I'm going to 9 read this into the record, and you tell me 10 10 to fill out some questions, answer some if I read anything wrong. Okay? questions that are on the registration 11 11 12 630-X-12-.06, failure to meet standard 12 form, and all of the patients, whether of care. The board shall consider it 13 13 they're old or new patients, are given an 14 unprofessional conduct for a licensee to 14 oral case history. 15 provide for a patient care that is less Q. Okay. And do you ask questions of the 15 16 than the generally accepted standard of 16 patients? care. This standard of care shall include 17 17 A. Yes, I do. Q. Okay. What questions do you ask? 18 but not be limited to providing certain 18 minimum testing for the patient when 19 19 A. Is this a new patient or an old patient? 20 performing a comprehensive eye exam. A 20 Q. Well, let's take a new patient first. comprehensive eye exam shall include any 21 21 A. Okay. The questions that they're asked to 22 examination wherein a prescription for 22 fill in on the sheet are whether -- well, 23 glasses or contact lenses or necessity 23 there's several questions on there. I Page 54 Page 56 1 thereof is determined. Minimum testing for 1 don't have one in front of me. But 2 a comprehensive eye exam shall include a 2 basically, I'm going to go back through 3 case history, determination of refractive 3 those questions and ask them if there was 4 error, binocular vision evaluation, any -- if there were yeses and nos on that, 4 5 ophthalmoscopy, evaluation of health of 5 then I'm going to explore the yeses and see external eye and adjacent structures, 6 what's going on there. Then I will also 6 7 tonometry or other appropriate glaucona 7 ask them some other questions under an oral 8 testing, and such other tests as are 8 history and write them down on the actual 9 necessary under the circumstances. Failure 9 front exam area of the medical record. 10 to perform said minimum testing during a 10 Q. All right. And what questions do you ask 11 comprehensive eye exam shall constitute 11 them on the oral history? failure to meet the standard of care. 12 A. They're asked if they have been in before, 12 13 Did I read this paragraph correctly? and if so, how long it has been. They are 13 14 A. I thought so, yes. 14 asked why they're there today. Was it time Q. Okay. I didn't misstate anything? 15 15 for a routine exam, or are they having 16 16 problems? If so, what kind of problem are 17 Q. All right. And do you agree that this is 17 they having? They're asked if they're on 18 the minimum that an optometrist should do? 18 any medicine for anything or have any 19 A. For a comprehensive eye exam? 19 general health problems or if they're 20 Q. Yes 20 allergic to any medicine. They're asked if A. I would agree with that. 21 21 they've ever had any operations or injuries 22 Q. Okay. So you agree that minimum testing 22 or infections or surgery on their eyes. 23 for a comprehensive eye exam must include a 23 They're asked if there's any family history

1 agree to disagree over what it 2 says. 3 Q. All right. Do you agree that the use of a 4 gonioscopy better allows you to view the 5 angle of the eye? 6 A. Well, what do you 7 MR. WHITE: Object to the form. 8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 1 Q. All right. But, now, did you have 2 What did you call it, the OHD? 3 A. OHT. I'm not even that is an inex 4 that has only come out here in the leader one up there or not. 5 Q. So you didn't have an OHT in 200 8 A. No. 9 Q. All right. But you've already testing you had a gonioscopy in 2004?	strument ast f he has
2 says. 3 Q. All right. Do you agree that the use of a 4 gonioscopy better allows you to view the 5 angle of the eye? 6 A. Well, what do you 7 MR. WHITE: Object to the form. 8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 2 What did you call it, the OHD? 3 A. OHT. I'm not even that is an interpretation that has only come out here in the lamp that has only come out here in the lamp that has only come out here in the lamp are two, so I don't even know if one up there or not. 7 Q. So you didn't have an OHT in 200 and lamp that has only come out here in the lamp are two, so I don't even know if one up there or not. 9 Q. All right. But you've already testing you had a gonioscopy in 2004?	strument ast f he has
Q. All right. Do you agree that the use of a gonioscopy better allows you to view the angle of the eye? A. Well, what do you MR. WHITE: Object to the form. A. We've covered this one before, too. I told you there were three main things. One was with the slit lamp, one was gonioscopy, and A. OHT. I'm not even that is an ine that has only come out here in the lambda year or two, so I don't even know if one up there or not. Q. So you didn't have an OHT in 200 A. No. Q. All right. But you've already testing you had a gonioscopy in 2004?	ast f he has
4 gonioscopy better allows you to view the 5 angle of the eye? 6 A. Well, what do you 7 MR. WHITE: Object to the form. 8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 4 that has only come out here in the land that has only come out	ast f he has
5 angle of the eye? 6 A. Well, what do you 7 MR. WHITE: Object to the form. 8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 10 you had a gonioscopy in 2004?	f he has
5 angle of the eye? 6 A. Well, what do you 7 MR. WHITE: Object to the form. 8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 10 you had a gonioscopy in 2004?	f he has
6 A. Well, what do you 7 MR. WHITE: Object to the form. 8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 10 one up there or not. 7 Q. So you didn't have an OHT in 200 8 A. No. 9 Q. All right. But you've already testing you had a gonioscopy in 2004?	
7 MR. WHITE: Object to the form. 8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 10 Q. So you didn't have an OHT in 200 8 A. No. 9 Q. All right. But you've already testing you had a gonioscopy in 2004?	14?
8 A. We've covered this one before, too. I told 9 you there were three main things. One was 10 with the slit lamp, one was gonioscopy, and 10 you had a gonioscopy in 2004?	
9 you there were three main things. One was 10 you had a gonioscopy in 2004?	
with the slit lamp, one was gonioscopy, and 10 you had a gonioscopy in 2004?	fied
	ned
III one was the OMT instrument III A Dight	
one was the OHT instrument. 11 A. Right. 12 O. Of the three, which allows you to view the 12 O. Okay. Do you agree with that stat	
13 angle of the eye the best? 13 not Let's forget about the OHT for	
A. I would say the OHT instrument. 14 moment. Between the other available of the control of the	
15 Q. Okay. And then what is the second best? 15 methods of viewing the angle, do you	-
16 A. The gonioscopy. 16 that the gonioscopy is the better me	thod
17 Q. You've testified earlier that glaucoma is a 17 than the slit lamp?	
18 serious medical condition that can result 18 A. Right. Then the von Herrick scree	
19 in blindness, correct? 19 method. Both of them require the s	lit
20 MR. WHITE: Object to the form. 20 lamp.	
21 Asked and answered. 21 Q. Okay. All right. Next paragraph.	It
22 Q. You haven't changed your mind on that, have 22 says, even when the anterior chamb	er angle
23 you? 23 is assessed as being narrow or even	
Page 126	Page 128
1 A. No. 1 dangerously narrow, further inform	nation is
2 Q. Okay. And that is something that you need 2 often needed.	
3 as an optometrist to rule out when you see 3 Do you agree with that?	
4 a patient who has some symptoms of 4 A. I just have to have a minute to rea	id what's
5 glaucoma, correct? You need to rule out 5 there besides that one sentence, because of the sentence of the se	cause
6 glaucoma, correct? 6 that's not all that's involved with it.	
7 A. I need to rule out glaucoma, yes. 7 Q. Well, take your time.	
8 Q. Okay. And in order to do that, you need to 8 A. Okay. Now go ahead and ask me	again,
9 view the angle of the eye, correct? 9 please.	. ,
10 A. Not necessarily. 10 Q. All right. When the anterior chan	nber is
11 Q. All right. I'd like you to look at the 11 assessed as being narrow or even	
12 first full paragraph in the next column. 12 dangerously narrow, further inform	nation is
Do you see where it says, evaluation of the 13 needed, right? Do you agree with the says, evaluation of the 13 needed, right?	
anterior chamber angle is best accomplished 14 A. Further information before you do	
by gonioscopy? Do you see that? 15 Q. Well, let me just ask you. If you see	
16 A. I do. 16 very narrow angle, may not be close	
17 Q. Do you agree with that? 17 it's narrow, what do you do?	ocu out
	no to
three most commonly used ways of doing 19 Medical Arts to see if they want to	
20 that. And like I said, when the book was 20 prophylactic laser procedure on that	IL.
21 written, they didn't have some of the 21 Q. And why is that?	
22 instruments available then that so this 22 A. Because I'm not allowed to do that	500
1.14 Book is not the outdated 1.14 Becondured to that what were said	ino/
23 book is not it's outdated. 23 procedure? Is that what you're ask	mg.

	Page 129		Page 131
1	Q. No, sir. I'm asking, what are you	1	me, whether they had surgery or not.
2	concerned about that would motivate you to	2	Q. Correct. So if somebody has subacute angle
3	send them to Medical Arts?	3	closure glaucoma, they should be referred
4	A. That their angle didn't close off and the	4	to an ophthalmologist. Do youagree with
5	pressure go up and they have nerve damage.	5	that?
6	Q. All right. Have you ever done a pressure	6	It's not in the book. I just said it.
7	gonioscopy?	7	A. I'm just trying to look at where you're
8	A. Yes.	8	taking this sentence out of again.
9	Q. All right. Is that something that was	9	Okay. Now if you'll ask me that again,
10	available to you in 2004?	10	please.
11	A. Yes.	11	Q. If a patient has subacute angle closure
12	Q. Okay. All right. I'd like you to turn to	T2	glaucoma, they should be referred to an
13	page 870, please, where it says	13	ophthalmologist, correct?
14	management. You see I'll read it:	14	A. Yes
15	Surgical intervention should be considered	15	Q. Okay. All right.
16	for all eyes with subacute angle closure	16	MR. ADAMS: Do you want to take a
17	glaucoma.	17	snack break?
		18	MR. WHITE: Yeah. What time is
18	Do you see that?	33000	it?
19	A. Correct.	19	
20	Q. And that involves referral to an	20	(Brief lunch recess.)
21	ophthalmologist, correct?	21	Q. (Mr. Adams continuing) Dr. Bazemore, as
22	A. It also had some other stuff after that.	22	far as documentation goes, can you tell me
23	Q. Okay. Do you want to talk about the other	23	why you document the treatments given?
	Page 130		Page 132
1	stuff?	1	A. I'm sorry. You asked why do I document?
2	MR. WHITE: Well, I think his	2	Q. Yes.
3	point is you can't just take	3	A. So next time I'll know what I did the time
4	one	4	before.
5	A. Out of context.	5	Q. Okay. And why is that important?
6	MR. WHITE: sentence and take	6	A. Well, number one, it will help me
7	it out of context. I mean	7	understand, if the patient is in the office
8	MR. ADAMS: Well, I think that's a	8	with a problem, whether it's a new or an
9	pretty straightforward	9	old problem; whether there have been
10	sentence. No conditions in	10	changes since that time or not.
11	that sentence.	11	Q. And do you document everything or just some
12	MR. WHITE: Well, it's under	12	of what you do?
13	management, and it's talking	13	Let me back up. That's kind of a bad
14	about all different kinds of	14	question.
15	management. So I don't	15	A. You'll have to be more specific.
16	know what would I mean, I	16	Q. If you perform a test or an exam, are you
17	think we can agree those words	17	going to document in some way that you did
18	are written in this book.	18	that test or exam?
10		19	A. There are certain exams that you would
10	Q. All right. Do you agree that if a patient		
19	has an has and a consula along a consular that	20	document by not writing anything down that
20	has subacute angle closure glaucoma that	21	seems a manual to a fith a total and a state of the
20 21	surgical intervention should be considered?	21	was a result of the test other than that
20		21 22 23	was a result of the test other than that you did it, and that would be that it was normal.

	Page 93		Page 95
1	can vary, correct?	1	A. I couldn't say. It would depend on other
2	 If the angle is closed, then the pressure 	2	things about the patient.
3	will be elevated.	3	Q. Okay. But would you still want to run
4	Q. Does the angle with angle closure	4	tests for glaucoma if their history
5	glaucoma, is the angle always closed?	5	A. Every patient that comes in gets tested for
6	A. There are different kinds of angle closure	6	glaucoma.
7	glaucoma.	7	Q. How is angle closure glaucoma managed?
8	Q. Okay. And what are the kinds of angle	8	A. That would vary from case to case. I
9	closure glaucoma?	9	couldn't say.
10	A. You can have a primary kind, you can have a	10	Q. All right. Well, just say primary angle
11	secondary kind, and the secondary kind	11	closure glaucoma. How do you manage that?
12	would be due to various things.	12	 It depends on the elevation of the
13	Q. Okay. What is primary?	13	pressure, and I don't manage that. That's
14	A. The angle just closes off because of the	14	up to the ophthalmologist.
15	anatomical shape of the person's anterior	15	Q. You would send that person to an
16	chamber angle.	16	ophthalmologist?
17	Q. All right. What is secondary?	17	A. Yes.
18	A. It has several different reasons that that	18	Q. What about secondary angle closure
19	could happen.	19	glaucoma? How is that managed?
20	Q. Okay. Can you give me some of them?	20	A. If the pressure is elevated, it goes to the
21	A. They could have pigmentary glaucoma where	21	ophthalmologist.
22	it's clogging the trabecular meshwork.	22	Q. And what if the pressure is not elevated at
23	They could have an angle recession where	23	that particular time?
	Page 94		Page 96
1	there's damage to the trabecular meshwork.	1	A. And what other signs make you think that
2	There are others that we can look up if you	2	they have glaucoma at that point?
3	want to.	3	Q. Well, I'm that's a good question. What
4	Q. Well, I'm just asking you the ones you	4	other signs would there be that would make
5	remember as you sit here right now.	5	you be concerned about glaucoma?
6	A. Right.	6	A. Well, there's a lot of them, you know.
7	Q. Is that all ofthem?	7	We've been through this. But if their
8	A. You can have anything that got inside	8	optic nerve head shows damage, if their
9	your eye, if you had trauma to your eye,	9	cornea shows damage from the pressure being
10	and it there are other ins and corneal	10	too high and other things like that that
11	degenerative conditions that release cells	11	you have to look for as well as just the
12	that clog up the trabecular meshwork.	12	pressure.
13	Q. When is glaucoma an emergency?	13	 Q. All right. Well, you've testified earlier
14	 If they came in and the pressure is very 	14	that with angle closure glaucoma, there is
15	high, then I'm going to pick up the phone	15	a type of angle closure glaucoma where the
16	and call the ophthalmology office and	16	pressure is not constantly elevated,
17	they're going over there then.	17	correct?
10	Q. Okay. And what if they come in and they	18	A. That's right.
18			O All might Would that he subatte called
19	their history is that they're having some	19	Q. All right. Would that be what's called
19 20	their history is that they're having some signs and symptoms of glaucoma, but their	20	acute angle closure glaucoma?
19 20 21	their history is that they're having some signs and symptoms of glaucoma, but their pressure is not high? What do you do for	20 21	acute angle closure glaucoma? A. It would depend on whose book you were
19 20	their history is that they're having some signs and symptoms of glaucoma, but their	20	acute angle closure glaucoma?

	Page 125		Page 127
1	agree to disagree over what it	1	Q. All right. But, now, did you have
2	says.	2	What did you call it, the OHD?
3	Q. All right. Do you agree that the use of a	3	A. OHT. I'm not even that is an instrument
4	gonioscopy better allows you to view the	4	that has only come out here in the last
5	angle of the eye?	5	year or two, so I don't even know if he has
6	A. Well, what do you	6	one up there or not.
7	MR. WHITE: Object to the form.	7	Q. So you didn't have an OHT in 2004?
8	A. We've covered this one before, too. I told	8	A. No.
9	you there were three main things. One was	9	Q. All right. But you've already testified
10	with the slit lamp, one was gonioscopy, and	10	you had a gonioscopy in 2004?
11	one was the OHT instrument.	11	A. Right.
12	Q. Of the three, which allows you to view the	12	Q. Okay. Do you agree with that statement,
13	angle of the eye the best?	13	not Let's forget about the OHT for a
14	A. I would say the OHT instrument.	14	moment. Between the other available
15	Q. Okay. And then what is the second best?	15	methods of viewing the angle, do you agree
16	A. The gonioscopy.	16	that the gonioscopy is the better method
17	Q. You've testified earlier that glaucoma is a	17	than the slit lamp?
18	serious medical condition that can result	18	A. Right. Then the von Herrick screening
19	in blindness, correct?	19	method. Both of them require the slit
20	MR. WHITE: Object to the form.	20	lamp.
21	Asked and answered.	21	Q. Okay. All right. Next paragraph. It
22	Q. You haven't changed your mind on that, have	22	says, even when the anterior chamber angle
23	you?	23	is assessed as being narrow or even
_			
	Page 126		Page 128
1	A. No.	1	dangerously narrow, further information is
2	Q. Okay. And that is something that you need	2	often needed.
3	as an optometrist to rule out when you see	3	Do you agree with that?
4	a patient who has some symptoms of	4	A. I just have to have a minute to read what's
5	glaucoma, correct? You need to rule out	5	there besides that one sentence, because
6	glaucoma, correct?	6	that's not all that's involved with it.
7	A. I need to rule out glaucoma, yes.	0	Q. Well, take your time.
8	Q. Okay. And in order to do that, you need to	8	A. Okay. Now go ahead and ask me again,
9	view the angle of the eye, correct?	9	please.
10	 Not necessarily. 	10	Q. All right. When the anterior chamber is
	O All data Halling to be be a larger to the		assessed as being a second
11	Q. All right. I'd like you to look at the	11	assessed as being narrow or even
12	first full paragraph in the next column.	12	dangerously narrow, further information is
12 13	first full paragraph in the next column. Do you see where it says, evaluation of the	12 13	dangerously narrow, further information is needed, right? Do you agree with that?
12 13 14	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished	12 13 14	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what?
12 13 14 15	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that?	12 13 14 15	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a
12 13 14 15 16	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do.	12 13 14 15 16	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a very narrow angle, may not be closed but
12 13 14 15 16 17	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do. Q. Do you agree with that?	12 13 14 15 16 17	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a very narrow angle, may not be closed but it's narrow, what do you do?
12 13 14 15 16 17 18	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do. Q. Do you agree with that? A. Just a minute ago, we talked about the	12 13 14 15 16 17 18	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a very narrow angle, may not be closed but it's narrow, what do you do? A. I am probably going to have that go to
12 13 14 15 16 17 18 19	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do. Q. Do you agree with that? A. Just a minute ago, we talked about the three most commonly used ways of doing	12 13 14 15 16 17 18 19	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a very narrow angle, may not be closed but it's narrow, what do you do? A. I am probably going to have that go to Medical Arts to see if they want to do a
12 13 14 15 16 17 18 19 20	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do. Q. Do you agree with that? A. Just a minute ago, we talked about the three most commonly used ways of doing that. And like I said, when the book was	12 13 14 15 16 17 18 19 20	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a very narrow angle, may not be closed but it's narrow, what do you do? A. I am probably going to have that go to Medical Arts to see if they want to do a prophylactic laser procedure on that.
12 13 14 15 16 17 18 19 20 21	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do. Q. Do you agree with that? A. Just a minute ago, we talked about the three most commonly used ways of doing that. And like I said, when the book was written, they didn't have some of the	12 13 14 15 16 17 18 19 20 21	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a very narrow angle, may not be closed but it's narrow, what do you do? A. I am probably going to have that go to Medical Arts to see if they want to do a prophylactic laser procedure on that. Q. And why is that?
12 13 14 15 16 17 18 19 20	first full paragraph in the next column. Do you see where it says, evaluation of the anterior chamber angle is best accomplished by gonioscopy? Do you see that? A. I do. Q. Do you agree with that? A. Just a minute ago, we talked about the three most commonly used ways of doing that. And like I said, when the book was	12 13 14 15 16 17 18 19 20	dangerously narrow, further information is needed, right? Do you agree with that? A. Further information before you do what? Q. Well, let me just ask you. If you see a very narrow angle, may not be closed but it's narrow, what do you do? A. I am probably going to have that go to Medical Arts to see if they want to do a prophylactic laser procedure on that.

May 15, 2007

Page 97 Page 99 secondary causes. Acute just means that 1 you've never seen before. 2 2 the pressure is real high. A. Okay. 3 3 Q. Well, let me ask you this. What type of Q. What would you do? 4 glaucoma are you talking about when you say 4 A. I would first of all see what other things 5 that -- when you say that there is a type 5 might be wrong that would cause the 6 6 symptoms that you're talking about. Those of glaucoma where the pressure is not 7 constantly high, it can come and go? What 7 are not limited to having glaucoma. In 8 type of glaucoma is that? 8 fact, that would be down the list of causes 9 9 A. That would usually -- it kind of depends for those symptoms. It would be more 10 on -- like I said earlier, there's 10 common for them to have some other problems 11 variation in the pressure anyway. But if 11 that would cause that. 12 you have something -- if you're on certain 12 If I had seen them before, then what I 13 medications that might cause your pupil to 13 did or didn't do would be based on whether 14 be dilated versus not dilated or if you 14 there was continuity from the times before, 15 have some -- well, there's a lot of 15 whether something was changing. 16 things. I just really couldn't answer that 16 O. Okay. Can glaucoma be managed via 17 for a blanket statement. 17 self-care at home? 18 That would depend on the type of glaucoma. 18 Q. All right. You have stated, again, that 19 19 there is a type of angle closure glaucoma Q. Angle closure glaucoma. Can that be 20 where the pressure is not constantly 20 managed at home? 21 elevated, correct? 21 A. No. 22 A. That's my understanding. 22 Q. Not via self-care; correct? 23 Q. Okay. If a patient presents in your office 23 A. I don't know of any cases where that's Page 100 with signs and symptoms of glaucoma but not 1 happened. 2 Q. Okay. If you suspect a patient of angle at that particular time elevated pressure, 2 3 3 closure glaucoma, do you -- what do you what do you do for that patient? 4 4 do? If you suspect a patient of angle A. Again, it would depend on what other signs 5 closure glaucoma, and you're at the end of and symptoms there were. Okay? And the 5 6 6 the appointment, what next? decision of when to have them back and 7 check for this or that would depend on the 7 MR. WHITE: Object to the form. 8 other signs and symptoms if the pressure is 8 Can you define what you mean 9 9 by suspect? I mean, I think 10 Q. All right. Well, what if that sign and 10 he's already said what he does 11 symptom --11 when they determine they have 12 12 I'm sorry. Did I cut you off? glaucoma. 13 A. Well, I'm just -- you know, I don't know if 13 Q. All right. If you are of the opinion that 14 the pressure -- Well, that's all I know to 14 they may have angle closure glaucoma, and 15 15 you're at the end of the appointment, what 16 Q. What if the other signs and symptoms are --16 do you do? 17 include headaches and seeing halos around 17 A. I'm going to walk in and pick up the phone 18 and call Medical Arts and ask them if he 18 lights and blurry vision, but the pressure 19 19 is not high at that particular time? What can go over there and let them look at him. 20 20 would you do for that patient? Q. Okay. And that's because you understand 21 21 A. Was this a new patient that I've never seen that angle closure glaucoma is a medical 22 22 emergency, correct? before? 23 23 Q. Let's take both situations. New patient Correct.

	Page 73		Page 75
1	and symptom of glaucoma, correct?	1	ophthalmologist?
2	 Uh-huh (positive response). 	2	 Just every day, yes.
3	Q. Is that a yes?	3	Q. Okay. And that's because you want to
4	 I don't see that very much. It can be. 	4	prevent serious eye problems; is that
5	Q. It can be. All right. So you've stated	5	correct?
6	glaucoma is a serious eye disease that can	6	A. That's correct.
7	cause blindness, correct?	7	Q. And that's because you recognize that while
8	A. Correct.	8	you are an individual, as you testified
9	Q. Okay. So is glaucoma something that you	9	earlier, trained to examine eyes, you
10	would want to rule out for a patient	10	understand that there are things that an
11	presenting with seeing halos around	11	ophthalmologist is trained to do that you
12	lights?	12	are not qualified or trained to do; is that
13	A. Correct.	13	correct?
14	Q. And would ruling out glaucoma involve doing	14	A. That's correct.
15	more than one method of tonometry?	15	Q. Is there any treatment for glaucoma that an
16	 A. It would depend on the reading that I got 	16	ophthalmologist is able to providea
17	on the first type. It would depend on the	17	patient that you are not able to provide a
18	appearance of the optic nerve head. It	18	patient?
19	would depend on whether they have other	19	A. Yes
20	problems like a cataract or corneal	20	Q. Okay. Tell me about that.
21	scarring or other problems. How open	21	 Any surgical procedure that would be
22	their anterior chamber angle is. That's	22	indicated.
23	not something that you could say for	23	 Q. And what surgeries are used to correct
	Page 74		Page 76
1	everybody.	1	glaucoma and intraocular pressure?
2	everybody. Q. Okay. If a patient presented with seeing	2	glaucoma and intraocular pressure? MR. WHITE: Object to the form.
2	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches,	2 3	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an
2 3 4	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with?	2 3 4	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I
2 3 4 5	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you	2 3 4 5	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified
2 3 4 5 6	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe	2 3 4 5 6	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If
2 3 4 5 6 7	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what	2 3 4 5 6 7	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he
2 3 4 5 6 7 8	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual	2 3 4 5 6 7 8	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer.
2 3 4 5 6 7 8	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than	2 3 4 5 6 7 8 9	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right.
2 3 4 5 6 7 8 9	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me.	2 3 4 5 6 7 8 9	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know?
2 3 4 5 6 7 8 9 10	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and	2 3 4 5 6 7 8 9 10	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that
2 3 4 5 6 7 8 9 10 11	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that	2 3 4 5 6 7 8 9 10 11 12	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any
2 3 4 5 6 7 8 9 110 111 112	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct?	2 3 4 5 6 7 8 9 10 11 12 13	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the
2 3 4 5 6 7 8 9 110 111 112 113	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct.	2 3 4 5 6 7 8 9 10 11 12 13 14	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the particular patient.
2 3 4 5 6 7 8 9 110 111 112 113 114 115	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is
2 3 4 5 6 7 8 9 10 11 11 12 13 14 15	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma?
2 3 4 5 6 7 8 9 110 111 112 113 114 115 116	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes.
2 3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a patient like that to an ophthalmologist?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes. Q. Okay. Where it says tonometry or other
2 3 4 5 6 7 8 9 10 111 112 13 14 15 16 17 18	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a patient like that to an ophthalmologist? A. If there were enough findings that were	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes. Q. Okay. Where it says tonometry or other appropriate glaucoma testing, what other
2 3 4 5 6 7 8 9 110 111 112 113 114 115 116 117 118 119 20	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a patient like that to an ophthalmologist? A. If there were enough findings that were positive that that patient might have	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes. Q. Okay. Where it says tonometry or other appropriate glaucoma testing, what other testing is appropriate to detect glaucoma?
2 3 4 5 6 7 8	everybody. Q. Okay. If a patient presented with seeing halos around lights and pain, headaches, what would you be concerned with? A. I don't think you could tell you couldn't say anything that the same shoe doesn't fit everybody. You can't say what you would do without having an individual there with more input, information than what you're giving me. Q. And the way you get more input and information is to conduct testing; is that correct? A. That's correct. Q. Okay. A. And ask questions. Q. Under what circumstances would you refer a patient like that to an ophthalmologist? A. If there were enough findings that were	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	glaucoma and intraocular pressure? MR. WHITE: Object to the form. You're asking about what an ophthalmologist does, and I don't know that he's qualified to answer these questions. If you're just asking him if he knows, I guess he can answer. MR. ADAMS: Sure. You're right. Q. Do you know? A. I have no reservation about answering that, and it would not be any one thing for any one patient. It would depend on the particular patient. Q. Okay. But do you agree that surgery is sometimes necessary to correct glaucoma? A. Yes. Q. Okay. Where it says tonometry or other appropriate glaucoma testing, what other

	Page 121		Page 123
1	A. Yes	1	whether their angle is closed?
2	Q. Do you believe that he is referring to puff	2	 A. By looking with the slit lamp.
3	test tonometry or to applaration or	3	Q. But you testified earlier that a gonioscopy
4	Goldmann tonometry?	4	is
5	MR. WHITE: Object to the form.	5	 And I was going to say, and if it appears
6	Q. Based on your familiarity with the accepted	6	to be narrow with the slit lamp, I'm going
7	form and best form of tonometry, what do	7	to do gonioscopy.
8	you think is suggested there?	8	Q. Okay. And earlier I asked you did you
9	MR. WHITE: Object to the form.	9	believe that the writers of this text were
10	MR. ADAMS: He'san optometrist.	10	wrong to state that a gonioscopy must be
11	He can testify.	11	one of the tests, and I'm not sure I
12	MR. WHITE: You're asking him to	12	understood your answer. Is the gonioscopy
13	read into what he's saying and	13	a necessary test for someone having these
14	guess at what his true intent	14	symptoms?
15	was? That's ridiculous.	15	A. What was the pressure?
16	MR. ADAMS: No, it's not.	16	Q. We're not talking about pressure, as I
17	MR. WHITE: It's absurd is what it	17	understand it. We're talking about these
18	is.	18	symptoms. If they present with these
19	MR. ADAMS: No. You do your	19	symptoms, one of these symptoms, one or
20	homework, and you'll find out,	20	more of these symptoms, is a gonioscopy
21	it's not absurd.	21	required?
22	MR. WHITE: This man didn't do his	22	A. It would depend on what other things I did
23	homework? That's what you're	23	and what symptoms would apply to any other
	Page 122		Page 124
1	saying? The author of this	1	problems that I had found or did not find
2	book didn't do his homework?	2	on that patient.
3	MR. ADAMS: You may not understand	3	Q. Okay. So if I understand you correctly,
4	the question. Let me rephrase	4	you are do I understand you correctly to
5	it.	5	disagree with the writers of this text that
6	Q. In the most current literature, where you	6	gonioscopy must be a test performed when a
7	see the word tonometry, is that in	7	patient presents with these symptoms?
8	reference to puff test or to Goldmann	8	MR. WHITE: Objection to the form
9	tonometry?	9	of that. You're paraphrasing
10	A. I really	10	something that the book
11	MR. WHITE: Object to the form.	11	doesn't say.
12	A. I really couldn't say unless they specified	12	A. It doesn't say that in the book.
13	on there.	13	Q. Well, actually, what it says is the
14	Q. Okay. You agree that visual field testing	14	clinical examination for both conditions,
15	is a necessary clinical exam for somebody	15	referring to both types of angle closure
16	with the symptoms of angle closure	16	glaucoma, consist. It consists. It will
17	glaucoma?	17	include gonioscopy.
18	A. I think that if somebody has angle closure	18	A. That's correct.
19	glaucoma that I'm going to send them to the	19	Q. And you will agree with that?
20	ophthalmology clinic, and they're going to	20	A. If they have it.
21	discern which tests need to be run on that	21	Q. If they have these symptoms.
22	patient.	22	A. No, that's not what it says.
23	Q. Okay. How are you going to determine	23	MR. WHITE: We're going to have to
60	Q. Okay. How are you going to determine	23	with write going to have to

May 15, 2007

Page 173 Page 175 1 at the deposition, I don't 1 And could episodes of angle closure 2 2 think I left the deposition contribute to a loss of vision? 3 with a copy of that exhibit. 3 That would be very uncommon. Q. Okay. I mean, but you testified several 4 MR. WHITE: That's fine. 4 5 MR. ADAMS: All right. Let's just 5 times that a closed angle, angle closure 6 press on, and then we'll talk 6 glaucoma can cause nerve damage, correct? 7 A. Correct. 7 about it. 8 MR. WHITE: We'll get it at the 8 Q. Okay. All right. So that can lead to a 9 9 loss of vision? next break. I'll be glad to 10 make you a clearer copy. 10 A. Can nerve damage lead to a loss of vision? MR. ADAMS: All right. 11 Is that what you're asking? 11 12 Q. Let's go to the August 20th, 2004 office 12 Q. Yes. 13 A. Yes. 13 visit, please. 14 14 Under visual acuity, right eye, it Q. Okay. His last eye exam was -- you have 15 15 looks like his vision has gotten worse; is September 27th, 2003, right? Is that what that accurate? Am I reading that right? you've written there? 16 16 17 Uh-huh (positive response). Yes. 17 18 Q. It is accurate? Okay. It's now 20/100? 18 Q. And under chief complaint, what have you 19 19 It has changed I thought was the question. written, please? 20 20 I asked had it gotten worse. A. We're going underneath there now? A. Right. 21 21 O. Yes. 22 Q. It has? 22 A. Trouble with right eye. Has film over it 23 23 A. Yes. and is worse at night. Sees halos around Page 174 Page 176 1 Q. All right. Interpret those numbers for me, 1 lights. And it's been that way for 2 2 please. Just tell me what all that means approximately two months with minor 3 3 under visual acuity. worsening. 4 A. Okay. Again, uncorrected distance visual 4 Q. Okay. And then reason over here where it 5 acuity is on the left-hand side of the 5 sheet. The right eye was 20/100 and the 6 A. Problem with right eye. And then something 6 7 left eye was 20/40. Then it has the 7 got blocked off on the edge. Feels like 8 8 correction for his last glasses something -- feels -- has film over it. 9 prescription there, and then it has the 9 Q. Okay. Is my copy any better? last contact lens prescription next to it. A. There's a word right here. I can't tell 10 10 11 Q. Okay. Is there anything that you're 11 what it is. Q. Okay. Do you have any idea? 12 concerned about when you see his right eye 12 A. I would say that it's probably -- it looks 13 has gone from 20/50 to 20/100? 13 14 A. Well, it's obviously changed some, and we 14 like an H, and it has film, which was the 15 just have to find out what's caused it to 15 word that he used that I put in parentheses do that. 16 on the other side. 16 Q. What could be the reasons for that? 17 17 Q. Okay. What is above the problem with right 18 A. Far and away the most common would be a 18 eye, where it says reason? What does that 19 change in his glasses prescription. He 19 say? 20 could have also had a cataract. He could 20 A. Routine exam. 21 have also had a corneal injury that left a 21 Q. All right. Now, why did you put routine 22 22 scar. He could have a retinal problem. exam? 23 You know, a lot of things. 23 A. Because it wasn't for anything other than a

	Page 173		Page 175
1	at the deposition, I don't	1	Q. And could episodes of angle closure
2	think I left the deposition	2	contribute to a loss of vision?
3	with a copy of that exhibit.	3	 That would be very uncommon.
4	MR. WHITE: That's fine.	4	 Q. Okay. I mean, but you testified several
5	MR. ADAMS: All right. Let's just	5	times that a closed angle, angle closure
6	press on, and then we'll talk	6	glaucoma can cause nerve damage, correct?
7	about it.	7	A. Correct.
8	MR. WHITE: We'll get it at the	8	Q. Okay. All right. So that can lead to a
9	next break. I'll be glad to	9	loss of vision?
10	make you a clearer copy.	10	A. Can nerve damage lead to a loss of vision?
11	MR. ADAMS: All right.	11	Is that what you're asking?
12	Q. Let's go to the August 20th, 2004 office	12	Q. Yes.
13	visit, please.	13	A. Yes.
14	Under visual acuity, right eye, it	14	Q. Okay. His last eye exam was you have
15	looks like his vision has gotten worse; is	15	September 27th, 2003, right? Is that what
16	that accurate? Am I reading that right?	16	you've written there?
17	A. Yes.	17	A. Uh-huh (positive response). Yes.
18	Q. It is accurate? Okay. It's now 20/100?	18	Q. And under chief complaint, what have you
19	A. It has changed I thought was the question.	19	written, please?
20	Q. I asked had it gotten worse.	20	A. We're going underneath there now?
21	A. Right.	21	Q. Yes.
22	Q. It has?	22	A. Trouble with right eye. Has film over it
23	A. Yes.	23	and is worse at night. Sees halos around
	D 124		P. 10
1	Page 174 Q. All right. Interpret those numbers for me,	TI	Page 176
1	O. All right. Interpret those numbers for me.		
2		13	lights. And it's been that way for
2	please. Just tell me what all that means	2	approximately two months with minor
3	please. Just tell me what all that means under visual acuity.	3	approximately two months with minor worsening.
3	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual	3 4	approximately two months with minor worsening. Q. Okay. And then reason over here where it
3 4 5	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the	2 3 4 5	approximately two months with minor worsening. Q. Okay. And then reason over here where it says
3 4 5 6	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the	3 4	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something
3 4 5 6 7	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the	2 3 4 5 6 7	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like
3 4 5 6 7 8	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses	2 3 4 5 6 7 8	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it.
3 4 5 6 7 8 9	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the	2 3 4 5 6 7 8 9	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better?
3 4 5 6 7 8 9	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it.	2 3 4 5 6 7 8 9	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell
3 4 5 6 7 8 9 10 11	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're	2 3 4 5 6 7 8 9 10	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is.
3 4 5 6 7 8 9 10 11 12	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye	2 3 4 5 6 7 8 9 10 11 12	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea?
3 4 5 6 7 8 9 10 11 12 13	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100?	2 3 4 5 6 7 8 9 10 11 12 13	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks
3 4 5 6 7 8 9 10 11 12 13 14	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we	3 4 5 6 7 8 9 10 11 12 13 14	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the
3 4 5 6 7 8 9 10 11 12 13 14 15	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to	2 3 4 5 6 7 8 9 10 11 12 13 14 15	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses
3 4 5 6 7 8 9 10 11 12 13 14 15 16	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to do that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses on the other side.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to do that. Q. What could be the reasons for that?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses on the other side. Q. Okay. What is above the problem with right
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to do that. Q. What could be the reasons for that? A. Far and away the most common would be a	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses on the other side. Q. Okay. What is above the problem with right eye, where it says reason? What does that
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to do that. Q. What could be the reasons for that? A. Far and away the most common would be a change in his glasses prescription. He	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses on the other side. Q. Okay. What is above the problem with right eye, where it says reason? What does that say?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to do that. Q. What could be the reasons for that? A. Far and away the most common would be a change in his glasses prescription. He could have also had a cataract. He could	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses on the other side. Q. Okay. What is above the problem with right eye, where it says reason? What does that say? A. Routine exam.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to do that. Q. What could be the reasons for that? A. Far and away the most common would be a change in his glasses prescription. He could have also had a cataract. He could have also had a corneal injury that left a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses on the other side. Q. Okay. What is above the problem with right eye, where it says reason? What does that say? A. Routine exam. Q. All right. Now, why did you put routine
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	please. Just tell me what all that means under visual acuity. A. Okay. Again, uncorrected distance visual acuity is on the left-hand side of the sheet. The right eye was 20/100 and the left eye was 20/40. Then it has the correction for his last glasses prescription there, and then it has the last contact lens prescription next to it. Q. Okay. Is there anything that you're concerned about when you see his right eye has gone from 20/50 to 20/100? A. Well, it's obviously changed some, and we just have to find out what's caused it to do that. Q. What could be the reasons for that? A. Far and away the most common would be a change in his glasses prescription. He could have also had a cataract. He could	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	approximately two months with minor worsening. Q. Okay. And then reason over here where it says A. Problem with right eye. And then something got blocked off on the edge. Feels like something feels has film over it. Q. Okay. Is my copy any better? A. There's a word right here. I can't tell what it is. Q. Okay. Do you have any idea? A. I would say that it's probably it looks like an H, and it has film, which was the word that he used that I put in parentheses on the other side. Q. Okay. What is above the problem with right eye, where it says reason? What does that say? A. Routine exam.

I

2

3

Page 184

100		_			
P	а	ø	e	- 1	- 8
	•	-	-		

Document 41-5

1

4

- A. So the right eye was seeing 20/25 plus two, and the left eye saw 20/20 minus one, which means that with the right eye, he got two
- 4 right on the 20/20 line, and on the left
- eye he missed one on the 20/20 line. 5
- 6 Q. So how has his vision changed?
- 7 A. The correction for astigmatism has gone up 8 a good bit in the right eye.
- 9 Q. Okay. And how would you describe his 10 overall visual health at this point?
- A. Health as in pathology or --11
- 12 O. I'll tell you what. Let's just strike
- 13 that. We'll come back to it.
- All right. Monocular and binocular. 14
- 15 A. That has to do with the type of
- cross-cylinder you use on the phoropter. 16
- 17 Q. PRA and NRA. What's that?
- A. Same thing. 18
- 19 Q. Okay. And why didn't you do that, again?
- 20 A. Positive relative accommodation has to do
- with the type of -- when you go through and 21
- 22 you adjust the lenses on the refractor,
- 23 and -- all of these things, the monocular

Page 183

- Q. All right. Well, why isn't it documented?
- 2 A. Well, because you can't choose. You do it 3 if you use that instrument.
 - O. Okay.
- 5 A. There was not -- it's done every time they 6 come in and they are refracted through the
- 7 phoropter.
- 8 Q. I don't understand why it's not written 9 down.
- 10 A. Because anybody that understood how the
- 11 subjective was done would know that that 12 was used as part of the instrument to check
- 13 that. So any other doctor that was looking
- 14 would already know that if this test was 15 done, it was done with that.
- 16 Q. Okay. Stereopsis. Was that done?
- 17 A. No.
- 18 Q. Okay. And, again, what is that test?
- 19 A. Depth perception?
- 20 Q. Color vision. What do you have written 21
 - there?
- 22 A. He didn't miss any of those.
- 23 Q. And then to the right of that, what does it

Page 182

- cross cylinder and the PRA and the NRA have 1
- 2 to do mainly with things that are done on
- 3 people whose vision does not correct well.
- 4 Q. Okay. And was there any reason to do any 5 of those?
- 6 I did not feel it was indicated.
- 7 Q. All right. Why not?
- 8 A. There was no reason to do it. The
- 9 monocular cross cylinder is done on
- 10 everybody that has a glasses prescription.
- But he did have a glasses prescription. 11
- A. Yeah, that's what I'm saying. All that --12
- the fact that this -- this is not 13
- something, you know -- this is something 14
- that's built into the instrument. Now, if 15
- you do a refraction with trial lenses, then 16
- you have to take a cross cylinder out of 17
- the drawer and hold it up and flip it and 18
- stuff. But every time you do a subjective 19
- refraction through a phoropter, it has a 20
- 21 monocular cross cylinder.
- 22 Q. All right. So why didn't you do it?
- 23 It's automatically done.

1

4

5

6

10

11

13

16

21

23

- 2 A. Confrontation test where they do finger 3
 - count and check the peripheral vision, and it was normal in both eyes.
 - Q. All right. And then keratometry. What do you have there?
- 7 A. Well, it just has the radings and the
 - curvature on the front of the eye there,
- 8 9 and that's the results of the test right
 - there.
 - Q. Okay. And has that changed?
- 12 A. I expect so, because the correction for
 - astigmatism changed. Let's see. I'm
- 14 looking at 3/24/2000. If you want to look
- back there, the right eye, there's a 15
 - difference between the left-hand number and
- 17 the right-hand number. It was .37 then,
- 18 and now it's 1.5. On the right eye it was
- 19 .5, and now it's zero. The major
- 20 difference is in the right eye where
 - there's an increase in the curvature in one
- 22 meridian versus the other, which is why the
 - correction for astigmatism changed.

	Page 185		Page 187
1	Q. All right. And what do you have written to	1	Q. Yes.
2	the right of there? What is that?	2	A. That's OU for both eyes.
3	A. The M one percent OD and OS?	3	Q. All right. Okay. So the NCT, what is
4	Q. What is that?	4	that? I know what
5	A. That's just the drop I put in to dilate his	5	A. The reading? 13 and 12.
6	pupils.	6	Q. At 10:20 in the morning?
7	Q. Okay. And then the slit lamp exam. What	7	A. Correct.
8	were the findings there?	8	Q. And then what is your impression there?
9	A. It's one to three quarters, which is a	9	A. Underneath? Is that what you're
10	grade four angle. Normal eyes and lids in	10	O. Yes.
11	both eyes.	11	A. Compound myopic astigmat with change in the
12	Q. And then OPH. What is that?	12	right eye. And that's it looks like
13	A. Ophthalmoscopy, and it was normal also.	13	it's change in the best corrected visual
14	Q. Okay. And what does the ophthalmoscopy	14	acuity in the right eye.
15	measure?	15	Q. And then your plan, what is that?
16	A. That looks into the back surface of your	16	A. Change the right lens to the subjective
17	eye on the retina, or that's the major	17	reading up above after a positive demo of
18	thing you're doing with it.	18	the change, which means that the patient
19	Q. Well, tell me what those markings are. I	19	was shown the new lens there in the chair
20	can't read your writing, so if you can	20	in the office and thought that everything
21	just	21	looked real good with that and wanted to
22	A. Oh. E3, which has to do with the category	22	change to that.
23	of the cupping in the optic nerve, the	23	Q. Okay. And then under there it says right
			Q. Comp. The arm and a series it only origin
	Page 186		Page 188
1	cup-to-disk ratio. And then it says SVP	1	eye what, now?
2	plus, which is spontaneous venous	2	 That's the prescription for the glasses.
3	pulsation.	3	Q. And then you have recheck in one year?
		600	Q. This men you have recited in one your.
4	Q. Spontaneous what?	4	A. Correct.
5	A. Venous pulsation. If you do not have a	4	
100		-	A. Correct.
5	A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems.	5	A. Correct.Q. Okay. You did not do Goldmann's tonometry,
5 6	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some 	5	A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct?
5 6 7	A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems.	5 6 7	A. Correct.Q. Okay. You did not do Goldmann's tonometry, correct?A. Not that visit, no.
5 6 7 8	A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous?	5 6 7 8	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No.
5 6 7 8 9	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. 	5 6 7 8 9	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No.
5 6 7 8 9	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? 	5 6 7 8 9	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision
5 6 7 8 9 10	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking 	5 6 7 8 9 10 11	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma?
5 6 7 8 9 10 11 12	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? 	5 6 7 8 9 10 11 12	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma,
5 6 7 8 9 10 11 12 13	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. 	5 6 7 8 9 10 11 12 13	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away
5 6 7 8 9 10 11 12 13	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. MR. WHITE: Point three five? 	5 6 7 8 9 10 11 12 13 14	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away not the most common source of blurry
5 6 7 8 9 10 11 12 13 14 15	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. MR. WHITE: Point three five? A. Point three five. I'm sorry. I didn't 	5 6 7 8 9 10 11 12 13 14 15	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away not the most common source of blurry vision. Q. Okay. And what would be more common?
5 6 7 8 9 10 11 12 13 14 15 16	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. MR. WHITE: Point three five? A. Point three five. I'm sorry. I didn't know what you were talking about. 	5 6 7 8 9 10 11 12 13 14 15 16	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away not the most common source of blurry vision. Q. Okay. And what would be more common? A. A change in the refractive error,
5 6 7 8 9 10 11 12 13 14 15 16 17	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. MR. WHITE: Point three five? A. Point three five. I'm sorry. I didn't know what you were talking about. Q. And then under that, what do you have written? 	5 6 7 8 9 10 11 12 13 14 15 16 17	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away not the most common source of blurry vision. Q. Okay. And what would be more common? A. A change in the refractive error, cataracts, corneal scars, a lot of other
5 6 7 8 9 10 11 12 13 14 15 16 17 18	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. MR. WHITE: Point three five? A. Point three five. I'm sorry. I didn't know what you were talking about. Q. And then under that, what do you have 	5 6 7 8 9 10 11 12 13 14 15 16 17 18	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away not the most common source of blurry vision. Q. Okay. And what would be more common? A. A change in the refractive error, cataracts, corneal scars, a lot of other things.
5 6 7 8 9 10 11 12 13 14 15 16 17 18	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. MR. WHITE: Point three five? A. Point three five. I'm sorry. I didn't know what you were talking about. Q. And then under that, what do you have written? A. Fovea and general retinal area normal in both eyes. 	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away not the most common source of blurry vision. Q. Okay. And what would be more common? A. A change in the refractive error, cataracts, corneal scars, a lot of other things. Q. Tell me some more other things.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 A. Venous pulsation. If you do not have a spontaneous venous pulsation, you have some circulatory problems. Q. Okay. What was his spontaneous? A. It was fine. It was SVP plus in both eyes. Q. It looks like a 138 there. What is that? MR. WHITE: Where are you looking at? Q. In front of DS. MR. WHITE: Point three five? A. Point three five. I'm sorry. I didn't know what you were talking about. Q. And then under that, what do you have written? A. Fovea and general retinal area normal in 	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 A. Correct. Q. Okay. You did not do Goldmann's tonometry, correct? A. Not that visit, no. Q. And you didn't do gonioscopy, correct? A. No. Q. All right. Do you agree that blurry vision is a symptom of angle closure glaucoma? A. It is a symptom of angle closure glaucoma, but angle closure glaucoma is far and away not the most common source of blurry vision. Q. Okay. And what would be more common? A. A change in the refractive error, cataracts, corneal scars, a lot of other things.

	Page 205	1 22	Page 201
1	had to be extra concerned and extra careful	1	Q. And it appears to be filled out by Kyle
2	about an accurate reading of his	2	Bengtson at his visit apparently, his
3	intraocular pressure, correct?	3	first visit?
4	MR. WHITE: Object to the form.	4	A. Right.
5	 We did several tests that would have to do 	5	Q. Okay. So that would go with the 2000 note,
6	with him having angle closure glaucoma, and	6	for the year 2000, like March 24th?
7	generally I don't know how much you've	7	 It would have been filled out then.
8	gotten to read in your book, but in angle	8	Q. All right. Thank you.
9	closure glaucoma there is a tremendous	9	When Kyle Bengtson came in to see you
10	asymmetry in the pressure between one eye	10	on August the 20th, 2004, what eye problems
11	and the other, as much as 30 or 40 points.	11	do you believe he had at that time?
12	The difference between 13 and 12 is one.	12	 There were no problems found except for his
13	Q. Okay. But there were other tests available	13	refractive error. In the left eye, there
14	to you in the office that day, and you did	14	was no change from the time before. In the
15	not use them to measure his intraocular	15	right eye, there was a correction for
16	pressure, correct?	16	astigmatism change, so it was recommended
17	A. That's correct.	17	that he change the right lens in his
18	Q. Okay. And there were other ways of viewing	18	glasses after a positive demonstration of
19	his angle other than the slit lamp exam,	19	the change was given to him.
20	and you didn't use those either, correct?	20	Q. Okay. But other than changing his
21	 We did use a slit lamp exam. 	21	prescription and having him come back for
22	Q. But you didn't use anything else?	22	recheck in one year, you didn't refer him
23	A. To look in the anterior chamber angle?	23	for more tests or ask him to come back or
_	Port 200		D 200
,	Page 206		Page 200
1	Q. Right.	1	anything like that, correct? A. There were no other problems detected.
2	A. No. We used the test that you use the slit lamp for, which was the von Herrick method.	13	
4		4	Q. So no referral to an ophthalmologist? A. That's correct.
	Q. Okay. But the gonioscopy provides a superior view. Okay.	5	Q. And just so I understand, why did you not
5	MR. ADAMS: You want to take a	6	ask him to follow up with you sooner than
7	break? And I'd like that copy	7	
8	of the written history if we	8	one year? A. There were no findings that would have
9	could. Thank you.	9	indicated that he come back any sooner than
7		2.55	
10	MD WHITE: Sure		that
10	MR. WHITE: Sure.	10	that.
11	(Brief recess.)	11	Q. Okay. And why no referral to an
11 12	(Brief recess.) MR. ADAMS: I'm just going to	11 12	Q. Okay. And why no referral to an ophthalmologist?
11 12 13	(Brief recess.) MR. ADAMS: I'm just going to right now I don't	11 12 13	Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would
11 12 13 14	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's	11 12 13 14	Q. Okay. And why no referral to an ophthalmologist?A. There was no problems detected that would indicate that that be done.
11 12 13 14 15	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask	11 12 13 14 15	Q. Okay. And why no referral to an ophthalmologist?A. There was no problems detected that would indicate that that be done.Q. Okay. If a patient has had trauma to his
11 12 13 14 15	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask about here, but let's just	11 12 13 14 15 16	 Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would indicate that that be done. Q. Okay. If a patient has had trauma to his eye in the past, can that cause angle
11 12 13 14 15 16	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask about here, but let's just attach it somehow. We'll just	11 12 13 14 15 16 17	 Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would indicate that that be done. Q. Okay. If a patient has had trauma to his eye in the past, can that cause angle closure glaucoma?
11 12 13 14 15 16 17	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask about here, but let's just attach it somehow. We'll just make that a part of this	11 12 13 14 15 16 17 18	 Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would indicate that that be done. Q. Okay. If a patient has had trauma to his eye in the past, can that cause angle closure glaucoma? A. It could possibly cause a secondary type.
11 12 13 14 15 16 17 18	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask about here, but let's just attach it somehow. We'll just make that a part of this exhibit.	11 12 13 14 15 16 17 18	 Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would indicate that that be done. Q. Okay. If a patient has had trauma to his eye in the past, can that cause angle closure glaucoma? A. It could possibly cause a secondary type. Q. And the standard of care in terms of your
11 12 13 14 15 16 17 18 19 20	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask about here, but let's just attach it somehow. We'll just make that a part of this exhibit. Q. (Mr. Adams continuing) And let me ask you,	11 12 13 14 15 16 17 18 19 20	 Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would indicate that that be done. Q. Okay. If a patient has had trauma to his eye in the past, can that cause angle closure glaucoma? A. It could possibly cause a secondary type. Q. And the standard of care in terms of your duty to be diligent in treatment and
11 12 13 14 15 16 17 18 19 20 21	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask about here, but let's just attach it somehow. We'll just make that a part of this exhibit. Q. (Mr. Adams continuing) And let me ask you, Dr. Bazemore. You agree that that is a	11 12 13 14 15 16 17 18 19 20 21	 Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would indicate that that be done. Q. Okay. If a patient has had trauma to his eye in the past, can that cause angle closure glaucoma? A. It could possibly cause a secondary type. Q. And the standard of care in terms of your duty to be diligent in treatment and diagnosis is the same regardless of the
11 12 13 14 15 16 17 18 19 20	(Brief recess.) MR. ADAMS: I'm just going to right now I don't necessarily know that there's anything that I want to ask about here, but let's just attach it somehow. We'll just make that a part of this exhibit. Q. (Mr. Adams continuing) And let me ask you,	11 12 13 14 15 16 17 18 19 20	 Q. Okay. And why no referral to an ophthalmologist? A. There was no problems detected that would indicate that that be done. Q. Okay. If a patient has had trauma to his eye in the past, can that cause angle closure glaucoma? A. It could possibly cause a secondary type. Q. And the standard of care in terms of your duty to be diligent in treatment and